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| COMPLAINT FORM REGARDING STATE CONTRACTORS |
| **COMPLAINT RECEIVED:** | Date:  | Time: AM PM |
| Taken By:  |
| **Who**  | **Person Making the Complaint** | Agency:  |
| Name:  | Phone #: |
| Email: |
| **Complaint Against**  | Contract Title:   |
| Contract Number: (if known) |
| Contractor Name:   |
| Employee Name: (If Applicable)  |
| **Description of Complaint** | WHO: Who wasinvolved in theincident? |   |
| WHAT: Other detailsrelevant toincident. |   |
| WHEN:  Date and Timeof whenincident tookplace. |   |
| WHY: What causedthe incident? |   |
| HOW:  How did itoccur? |  |
| ACTION TAKEN: |   |
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| Agency Signature |  | Contractor Signature |