St. Tammany Fire Protection District 11

P.O. Box 1210
Pearl River, LA, 70452
Phone: 985-863-3132
Fax: 985-863-1834
www.STFPD11.org

Employee Complaint Form

Our department takes all employee complaints including discrimination, harassment, unethical or unfair conduct as serious matters. So that we may properly investigate your concern, you are requested to fill out this form as completely as possible. Please use additional sheets of paper where needed. After a prompt and thorough investigation into your complaint, you will be notified of the department's intended action.

Complaintant

Employee Name : _____ **Date :** _____

Employee No. : _____ **Job Title :** _____

Complaint

Please describe in as much detail as possible the nature of your complaint. Please provide or identify all known persons, documents and witnesses to your concerns.

Complaint : _____

Time/Date of Incident : _____ **Call ID No. :** _____

Location of Incident : _____

Details :

I declare that the facts set forth in this complaint form are true and accurate pursuant to the penalty of perjury under the law.

Complaintant Name & Empl. No. (Print)	**Complaintant Signature**	**Date**

Supervisory

Supervisor Taking Complaint : _____ **Date/Time :** _____

Supervisory Investigating : _____ **Date Complete :** _____

Note : Attach all statements, ivestigative reports, and reccomendations.

Complaint Declared:

☐ Unfounded ☐ Exonerated ☐ Not Sustained ☐ Sustained ☐ Corrective Action Needed

Additional Notes :