



## Complaint/Incident Reporting Form

Today's Date	Date Complaint/Incident Occurred	Time Comp./Incident Occurred
		AM / PM

Place Complaint/Incident Occurred: \_\_\_\_\_

People Involved: \_\_\_\_\_

Witnesses (If Any): \_\_\_\_\_

Your Name	
Address	
Phone	
email	

Description of Complaint/Incident: Brief factual account of what happened, including statements about the incident from, you staff and/or others directly involved or witnesses. If you need more space, use back of this page or attach a separate piece of paper.


Contributing Factors:


What action would you like Brentwood to take?


**If you need ahelp completing this form, please contact your Group Leader or HR in the Front Office.**

**Seal completed form in the envelope provided and secure in Men's Duty Office Safe.**

Signature: \_\_\_\_\_

Received by (print clearly): \_\_\_\_\_ Date: \_\_\_\_\_