



Employee Complaint Notification Form

Complainant's Name: _____ Complainant's Job Title: _____

Complaint:

Describe the nature of your complaint in detail below (including involved persons, dates, and description of events). Attach additional sheets if necessary and/or any documentation that supports your complaint.

Please describe in as much detail as possible the nature of your complaint:

Please describe how the actions you complain about have affected your ability to perform your job:

Please state the remedy or positive solutions you seek for this complaint:

Please provide any additional comments you wish the company to consider when investigating your complaint:

By signing below, the complainant certifies that he/she has reviewed this complaint (including any attachments) to confirm that it is accurate and complete.

Complainant's Signature: _____ Date: _____

Filing Instructions: This form (and all attachments) should be submitted to the Human Resources department either by (a) U.S. mail or fax to Human Resources – (a) 10 Veschi Lane South, Mahpac, NY 10541 (b) facsimile to (914) 373 – 6521 indicating “Attn: Human Resource Department,” or (c) email (as an attachment) to HR@BetterHealthcare.com with “Attn: Employee Complaint” in the subject line of the email.

Any employee filing a complaint must complete this form and submit it to the Human Resources department.