



CITY OF WHEATON
 PO Box 868
 Wheaton, MN 56296

Phone: 320/563-4110
 Fax: 320/563-4823

Employee Complaint Form

SECTION 1: COMPLAINANT INFORMATION		
Complainant's Name	Date	
Mailing Address		
City	State	ZIP
Home Phone	Daytime Phone	
SECTION 2: DESCRIPTION OF COMPLAINT		
Date of Alleged Misconduct		
Respondent's Name & Department:		
Summary of Allegations (may use a separate sheet):		
Names & Addresses of Any Witnesses:		
Complainant's Signature	Date	