Employee Complaint Handling Record Form

Dept： ID#： Name： Employment Date：
Matters：☐Appeal ☐Re-appeal
Complaint method： ☐Letter submission ☐Phone/verbal ☐E-mail ☐Mobile app (line, etc.) ☐Others
Complaints and suggestions：
Complainant： Date： Year Month Day
Precautions： 1. The content contained in this report should be objective and the supporting information should be detailed. 2. Anonymous will not be accepted. 3. Employee complaints (reports) are confidential documents and must be kept confidential. They are not allowed to be copied and circulated arbitrarily. 4. If you have supporting information, please attach it.