



**Employee Complaint Form**

Complaint No: \_\_\_\_\_

**1-Your Details**

**Semester:**

**Date:**

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First Name                      Middle Name                      Last Name                      Date of employment

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Telephone #                      Mobile #                      MIU E-mail

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Faculty/Administrative unit                      Position

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**Person or department concerned in the complaint**

**2-Your Complaint**

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Have you taken up your complaint with the party(s) involved?  No       Yes  
If your answer is "yes", please explain the feedback you received and with whom was the matter addressed

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**3-Remedy Requested**

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**Statement by Complainant**

**I wish this complaint to be considered. I declare that the information on this form is true, correct and complete to the best of my knowledge.**

**Complainant**

**Date**

\_\_\_\_\_

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Complaint No: \_\_\_\_\_

**A. Office use only**

Received by: \_\_\_\_\_

Date Received: \_\_\_\_\_

**Observation/Suggestion/s:**

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Signature

\_\_\_\_\_

**Authorized Decision/s:**

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Signature

\_\_\_\_\_

**B. Employee Feedback:**

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Signature

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