Email: info@limerickcil.com

Sheehan's Rd, Newcastle West, Co. Limerick

## **Employee Complaint Form**

West Limerick Independent Living encourages you to contact your Supervisor if you have a concern or complaint, or experience a problem that affects you or your co-workers. We ask that you complete this form within five working days after the incident or problem first occurred.

It is company policy to investigate all complaints and take appropriate action. If you wish, please use this form to document your complaint, and submit it to your Complaints Officer or Supervisor.

The person(s) involved in this complaint are:	
Note all relevant dates, places, events, etc. pertaining to the complaint: (Unecessary.)	Jse second sheet if
It may become necessary to disclose your identity and/or complaint, as well as to conduct a formal investigation. Should such a disclosure become necessary, it will be only to the person(s) with a need to know your identity or the details and nature of the complaint.	
I acknowledge that I have read this document and understand my obligation as needed and to cooperate fully and completely with any investigation become necessary, I authorize the company to disclose my identity and/or	of this complaint. Should it
Your Name:	
Signature: Date	
Complaints Officer / Supervisor:	
Signature: Date	