

## EMPLOYEE WORKPLACE HARASSMENT COMPLAINT FORM

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 the General Manager or to Human Resources.

The persons involved in this complaint are:

Note all relevant dates, places, events, etc. pertaining to the complaint:

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 only be 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 to provide information as needed and to cooperate fully and completely with any investigation of this complaint. Should it become necessary, I authorize the company to disclose my identity and/or details of this complaint.

Your Name:

Manager or HR Rep

Signature:

Signature

Date:

Date



**CHURRASCARIA  
SAUDADES**  

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**BRAZILIAN STEAKHOUSE**