City of Saint Paul Workplace Conduct Complaint - *Incident Form*

# Today's Date: Date of Incident:

Name of Complainant (Person Making Report):

 ***\*You may leave this blank if reporting anonymously***

# Complainant Department & Phone Number:

 ***\*You may leave this blank if reporting anonymously***

Name of Respondent (Person Suspected of Misconduct):

# Respondent Department & Phone Number:

Statement of Complaint (please provide as many details as possible; what happened, who was involved, when it occurred, any witnesses, etc.):

***Supervisor Use:***

*Complaint Received By: Date:*

*Title & Department:*

*Department/Office Director: Date:*