



Employee Complaint Form

Confidential – To be submitted to Human Resources

1. Employee Information

- Employee Name: _____
- Job Title: _____
- Department: _____
- Manager/Supervisor: _____
- Work Location: _____
- Employee Email _____

2. Type of Complaint

- ☐ Harassment or Bullying
- ☐ Discrimination (race, gender, religion, etc.)
- ☐ Health & Safety Issue
- ☐ Policy Violation
- ☐ Other (please specify): _____

3. Details of Complaint

(Provide a detailed description of the complaint, including dates, locations, and individuals involved.)

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4. Witnesses (if applicable)

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Please submit this completed form confidentially to Human Resources at
humanresources@opulenceducationgroup.com.



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5. Steps Taken to Resolve (if any)

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6. Desired Outcome / Resolution Sought

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7. Confidentiality & Declaration

I understand that this complaint will be reviewed by Human Resources and, if necessary, my manager/supervisor. I consent to the use of the information provided solely for the purpose of investigating and resolving this complaint in accordance with applicable privacy and human rights laws.

Employee Signature: _____ Date: _____

8. For HR Use Only

Date Complaint Received: _____

HR Representative: _____

Investigation Steps Taken: _____

Outcome / Resolution: _____

Date Communicated to Employee: _____

Notes: _____

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Privacy and Confidentiality Notice:

The information collected in this form will be used solely for investigating and resolving your complaint, in compliance with the British Columbia Human Rights Code, the Alberta Human Rights Act, and applicable privacy laws.

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