



*IF OCCUPATIONAL SITUATION, PLEASE COMPLETE OTHER SIDE OF FORM  
IF OCCUPATIONAL SITUATION, PLEASE COMPLETE THE FOLLOWING INFORMATION*

OCCUPATIONAL SITUATION YES ___ NO ___	OCCUPATION		
EMPLOYER'S NAME		TELEPHONE NUMBER	
MAILING ADDRESS	CITY	STATE	ZIP CODE
TYPE OF BUSINESS			
SUPERVISOR'S NAME		TITLE	
COMPLAINT IS: (FORMAL) AFFECTED EMPLOYEE: ___ EMPLOYEE REPRESENTATIVE : ___		(INFORMAL) OTHER:	
<i>I HEREBY CERTIFY THAT THE ABOVE, TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT</i>			
COMPLAINANT'S SIGNATURE		DATE	
EMPLOYEE CONFIDENTIALITY PURSUANT TO SECTION 6309 OF THE LABOR CODE:	I PERMIT THE DISCLOSURE OF MY NAME	YES ___	NO ___
	I PERMIT THE DISCLOSURE OF THIS INFORMATION	YES ___	NO ___

-MAP-

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DO NOT WRITE IN THIS SPACE. FOR OFFICIAL USE ONLY.

ASSIGNED TO:		DATE DUE:
ENTERED IN DATABASE DATE:		