IHOP RESTAURANT HARASSMENT GRIEVANCE FORM

FAX TO GCI CORPORATE OFFICE 972-420-1921
(TO BE COMPLETED BY MANAGEMENT)

UNIT # _____ DATE OF REPORT: _____

NAME OF COMPLAINANT: _____ POSITION _____

HOME PHONE # _____

NAME OF ALLEGED OFFENDER: _____ POSITION _____

HOME PHONE # _____

NATURE OF COMPLAINT: _____

_____

_____

DESCRIPTION OF CIRCUMSTANCES: _____

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DATE ALLEGED OFFENSE REPORTED: _____ TIME _____ AM / PM

DATE OFFENSE DISCUSSED WITH ALLEGED OFFENDER: _____

NAME OF MANAGER THEOFFENSE WAS REPORTED TO: _____

NAME OF EEO OFFICER NOTIFIED _____ TIME _____ AM / PM

SIGNATURE: _____ PRINT NAME: _____

DATE: _____