WORKPLACE CONCERN FORM

If you would like HR to review a workplace concern, please complete this form and return it to:

Innova Solutions or HireGenics Employees: HR@InnovaSolutions.com

Volt Employees: HR_Dept@volt.com

Employee Information:

Name:_____ Employee ID:_____

Phone:_____ Email Address:_____

Job Title:_____ Manager Name:_____

Work Location / Client Site:_____ City, State:_____

Type of Concern:

Please select the category that best describes your concern:

- ☐ Harassment
- ☐ Retaliation
- ☐ Management Conduct or Communication Concern
- ☐ Missing Pay
- ☐ Wrongful Termination Concern
- ☐ Other: _____
- ☐ Discrimination
- ☐ Coworker Conflict
- ☐ Workplace Violence or Safety Concern
- ☐ End of Assignment Dispute
- ☐ Accommodation Concern

Incident Information:

Date(s)/Time(s) of Incident(s)_____

Location of incident(s)_____

☐ Single Incident ☐ Ongoing Situation

Individuals Involved and Witnesses:

Name(s) of individual(s) involved: _____

Were there any witnesses? ☐ Yes ☐ No ☐ Not sure

If yes, please list names: _____

Prior Reporting and Supporting Documentation:

Have you previously reported this concern? ☐ Yes ☐ No

If yes, who did you report it to?_____

When did you report it?_____

Do you have documents or supporting information related to this concern? ☐ Yes ☐ No

_____

(Examples may include: emails, messages, screenshots, photos) *If yes, please provide copied with this completed form.

Immediate Safety Concern:

Is anyone currently in danger? ☐ Yes ☐ No

If yes, please explain: _____

Confidentiality and Non-Retaliation Notice:

The company takes workplace concerns seriously and will review all complaints, promptly and fairly.
Information will be shared only with individuals who need it to review the concern.
Retaliation against any employee who reports a concern in good faith or participates in an investigation is strictly prohibited.

Description of the Concern:

Please describe the situation in as much detail as possible.

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Employee Acknowledgement:

By submitting this form, I confirm that the information provided is accurate to the best of my knowledge.

Employee Signature: _____ **Date:** _____

Additional page if needed: