

ICC Complaint Form

SNS COLLEGE OF PHARMACY

SNS College of Pharmacy is aware of your complaint, and will begin investigation immediately. We will also do our best to ensure confidentiality, for yourself, as well as anyone else involved in this situation. Only those individuals who need to know any information will have access.

Employee Name: _____

Date: _____

Department: _____

Name(s) of Accused: _____

Describe your relationship to Accused:

Name of witnesses (if any): _____

Date/Time of incident: _____

Location of incident: _____

Describe the incident:

Have there been similar past incidents involving the accused? _____

I _____ certify that the information I have given on this report is true.

Signature

Date