



Complaint Management Calmaroi GmbH

Personal Information:

- Name:
- Contact Information:
 - Address:
 - Phone:
 - Mail:
- Position in the Company:
- Facility Information:
 - Facility Name:
 - Location:

Complaint Details:

- Date of Complaint:
- Type of Complaint (mark with a cross):
 - Discrimination
 - Working Conditions
 - Compensation
 - Healthcare
 - Working Hours
 - Other (please specify):

- Description of the Complaint:



Incident Details:

- Date and Time of Incident:
- Location of Incident:
- Persons Involved:
 - Name of involved person(s):
 - Position of involved person(s):
- Description of the Incident:

Supporting Documents:

- Witness Statements
- Photos or other visual evidence
- Written communication (emails, messages, etc.)

Actions Already Taken:

- Date of Initial Report:
- Person(s) Informed:
- Previous Actions Taken to Resolve the Issue:

Desired Actions:

- Preferred Resolution of the Complaint:

Additional Comments or Information:

Complainant's Signature:

Date

Signature