



EMPLOYEE CONCERN FORM

Employee Name: _____

Position: _____

Department: _____

Supervisor: _____

Location: _____

Date of Concern: _____

Have you discussed the issue with your supervisor? Yes No (If no, list reason below)

Other reason: _____

Concern Description: _____

Witnesses (If applicable): _____

Signature

Date

Send Completed Form to:

HR

3201 C Street, Suite 700

Anchorage, AK 99503