



“LET US KNOW” FORM

In accordance with Erigo Employer Solutions’ *Open Door Policy*, we encourage you to contact the Human Resources department if you have a complaint or concern, or experience a problem that affects either yourself or your co-workers. If possible, we ask that you complete this form within five working days after the incident or problem first occurred. Please note that after submission the Erigo Employer Solutions’ Director of Human Resources will contact you as soon as possible.

Your Name (unless you wish to remain anonymous): _____

Worksite Employer: _____

Phone number where you can be reached (if applicable): _____

Complaint/Concern Information

Date of Incident: _____ Time of Incident: _____

Location of Incident: _____

Please describe the specific act(s):

Are there others who have witnessed this behavior or others who have experienced a similar concern or problem? If so, please provide their name(s) and phone numbers, if you are comfortable doing so.

For Human Resources’ coordination of response, please advise if you have raised this complaint/concern with any member of management at your worksite employer?

Yes No

Do you have any additional information or comments?

Please mail, fax, or email this completed form to:

**Erigo Employer Solutions
ATTN: Human Resources
211 Grandview Drive, Ste. 206
Ft. Mitchell, KY 41017
Fax: 859-993-0354
hr@erigoes.com**