

Employee Harassment, Discrimination, or Retaliation Complaint Form

Name:

Employee ID Number:

Date:

Position:

Address:

Home Number:

Cell Number:

E-mail:

Store Number or Location:

Date of Incident:

Time of Incident:

Where did the incident occur (i.e. dining room, breakroom, grill line, retail sales floor, storage, cooler, etc.):

Please provide details about the specific facts:

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.

Do you have any additional information or comments?

What is the best way to contact you?

- E-mail
- Mail
- Phone/Text

What is the best time to contact you?

Please e-mail the completed form to employeerelations@crackerbarrel.com or fax to the attention of Employee Relations at: 615 443-9583. We will contact you as soon as possible.