

# EMPLOYEE COMMUNICATION FORM

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Location: \_\_\_\_\_

Position: \_\_\_\_\_

Date of Hire: \_\_\_\_\_

Does your concern involve harassment or discrimination?     Yes     No

Please explain your questions/concerns in detail (include names, dates, relevant witnesses, etc.):

**I attest that the information submitted is true and correct.**

*Please be as thorough as possible – failure to provide adequate details may prevent the Company from effectively addressing your employment concerns. If your concerns pertain to a discrimination or harassment matter, please note on this form and send directly to the Human Resources Department by clicking the “Send” button. Alternatively, you may email it to [EERelations@ldry.com](mailto:EERelations@ldry.com), fax it to the Human Resources Department at 713-386-7555, or mail it to the Corporate office at 1510 West Loop South, Houston, TX 77027, attn: Human Resources Department.*

*If you have not received a response within one week of submitting this form, please contact the Human Resources Department at 1-800-394-3839, as the form may not have transmitted properly.*