

Employee Grievance Form



Employee Name: _____ Date: ____/____/____

Employee ID: _____ Date of Hire: ____/____/____

Name of Workplace / Office / Area: _____ Address: _____

Home Address: _____

Date / Time / Place - of Event Leading to grievance

Date: ____/____/____ Time: _____: _____ Place: _____

Description: _____

Account of Occurrence [Include names of persons involved, if any]

Description of Violation Noted [Details of Policies / Procedures or any guidelines - reference]

Solution - Proposed to Grievance

The grievant should retain a copy of this form for his/her records. The signature below indicates that you are filing a grievance, and any information on this form is truthful.

Employee Sign: _____ Date: _____

Received By: _____ Date: _____

