**Grievance Form**

To be completed by the grievant

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| **Grievant information** |
| **Employee name** |  | **Employee ID** |  |
| **Job title** |  | **Department** |  |
| **Supervisor** |  | **Date** |  |

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| **Grievance details** |
| **Date, time, and location of the incident** |  |
| **Witnesses (if applicable)** |  |
| **Description of the incident** | [Describe the incident in detail. Include the names of individuals involved, if applicable.] |
| **Violations of policies/guidelines** | [List policies and guidelines that you believe have been violated during the incident.] |
| **Has this grievance been discussed with your direct supervisor?** | [ ]  Yes | [ ]  No | [ ]  Other, please specify: |

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| **Proposed grievance resolution** |
| [How would you like this matter resolved?] |

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| **Employee signature** |  |

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| **Received by** |
| **Name** |  |
| **Date** |  |
| **Signature** |  |



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