**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?] |

|  |  |
| --- | --- |
| **Employee signature** |  |

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



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