

Employee Grievance Form

To be completed by the employee:

Employee Name

Date

Department/Job Title

Supervisor Name

Date of Incident Giving Rise to Grievance

Please explain the nature of your grievance, including the specific regulation or policy alleged to have been violated, any supporting facts or evidence, the names of possible witnesses or involved individuals, as well as a proposed solution to the grievance.

Employee Signature

Date

To be filled out by the appropriate management representative:

Individuals participating in the meeting:

Date Received

Meeting Date

Management Representative Signature

Grievance Procedure

To be completed by the employee's manager or supervisor:

Employee Name: _____ Date: _____

Discussion Notes:

Proposed Action/Resolution:

Employee Signature _____
Date

Printed Name

Management Supervisor Signature _____
Date

Printed Name