Employee Grievance Form

SUMMARY DETAILS			
Employee Details:			
Name:			
Job Title:			
Work Location:		Department:	
Incident Number:			

INCIDENT/CONDUCT UNDER INVESTIGATION	
Detailed Account of the Occurrence (including names of people involved): - **What happened?** - **Who was present?** - **Where did the incident/conduct occur?** - **Was it repeated? If so, how many times?** - **How did it make you feel?**	
When did the grievance occur?	
Date:	Time (approx.):
Where did the grievance occur (location)?	
Names of Witnesses (if applicable):	
Please state any policies, procedures, or guidelines you feel have been violated:	

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Please state any actions or steps you have taken to resolve the matter:
What is your desired outcome of this grievance resolution?

The Complainant should retain a copy of this information for their records. The signature below indicates that you as the Complainant are filing a grievance and any information that you have provided on this form is truthful.

Employee's Signature *I acknowledge this has been an accurate account of the grievance and that I have received a copy of this completed form.*		**Receivers Signature**
Signature:		Signature:
Name:		Name:
Date:		Date: