

# Formal Grievance Submission Form

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Version: 1.0

Date of Submission: [Date]

Confidentiality: HIGH (Managed by HR/Legal)

## 1. Employee Details (Complainant)

Field	Input
Name:	[Employee Name]
Job Title:	[Job Title]
Department:	[Department]
Contact Phone:	[Phone Number]
Contact Email:	[Email Address]
Preferred Method of Contact:	[ ] Phone [ ] Email

## 2. Grievance Details

Field	Input
Name(s) of Person(s) Involved:	[Name(s)]
Department(s) of Person(s) Involved:	[Department(s)]
Date of Incident (Last Occurrence):	[Date]
Type of Grievance (Check one):	[ ] Harassment [ ] Discrimination [ ] Unfair Treatment [ ] Policy Violation [ ] Other: [Specify]

## 3. Detailed Description of the Grievance

- Please describe the event(s) in chronological order. Include all relevant facts, dates, times, locations, and any witnesses.

[Detailed Description Text - Minimum 300 words]

## 4. Supporting Documentation

- List any attached documents (e.g., emails, chat logs, medical notes, etc.).  
[List of Documents]

## 5. Desired Resolution

- What outcome are you seeking from this formal procedure?  
[Desired Resolution Text]

Complainant Signature: \_\_\_\_\_

Date: [Date]

## HR Use Only

Field	Input
Received By:	[HR Name]
Date Acknowledged:	[Date]
Investigator Assigned:	[Investigator Name]
Case File ID:	[HR-CASE-YYYY-NNN]