

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: | <input type="checkbox"/> Phone <input type="checkbox"/> 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 Occurence): | [Date] |
| Type of Grievance (Check one): | <input type="checkbox"/> Harassment <input type="checkbox"/> Discrimination <input type="checkbox"/> Unfair Treatment <input type="checkbox"/> Policy Violation <input type="checkbox"/> 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] |