**Employee Grievance Form**

*To be completed by the employee:*

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| Employee Name: |
| Today’s Date: |
| Employee’s Preferred Method of Contact: |
| Department/Job Title: |
| Supervisor Name: |
| Date of Incident: |
| Please explain the nature of your complaint. |
| What specific regulation or policy was violated? |
| Explain any supporting facts or evidence (attach any supporting documentation). |
| Provide the names of involved individuals and possible witnesses. |
| Where did the specific event occur? |
| What is your proposed solution? |

Employee Signature:

Date:

**Complaint Procedure**

*To be completed by the employee’s manager or supervisor:*

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| Employee Name: |
| Date: |
| Discussion Notes: |
| Proposed Action/Resolution: |

Employee Signature:

Date:

Printed Name:

Supervisor Signature:

Date:

Printed Name: