

Employee Grievance Form PDF

Employee Name: _____

Employee ID: _____

Department: _____

Job Title: _____

Date of Filing Grievance: _____

Nature of Grievance:

- Harassment
- Discrimination
- Workplace Safety
- Pay Discrepancy
- Other: _____

Description of Grievance (Please provide a detailed account of the issue):

Dates and Times of Incidents (If applicable):

People Involved (Names of individuals or departments involved):

Steps Taken So Far (Please list any actions taken to resolve the issue):

Desired Resolution (What outcome are you seeking?):

Employee Signature: _____

Date: _____