## **Employee Grievance Form Template**

Supervisor's  Vork Locati  Type of Grie  Workplace  Unfair Tre  Health an	s Name: on: evance: ee Conflict		
Vork Locati Type of Grie ☐ Workplace ☐ Unfair Tre ☐ Health an ☐ Violation	on:evance: ee Conflict eatment ed Safety Concern of Company Policy		
ype of Grie □ Workplac □ Unfair Tre □ Health an □ Violation	evance: se Conflict seatment nd Safety Concern of Company Policy		
☐ Workplac ☐ Unfair Tre ☐ Health an ☐ Violation	e Conflict eatment d Safety Concern of Company Policy		
☐ Unfair Tre ☐ Health an ☐ Violation	eatment nd Safety Concern of Company Policy		
☐ Health an	of Company Policy		
☐ Violation	of Company Policy		
☐ Other:			
	<b>_</b>	T	
f Incident	Location of Incident	Description of Incident	Actions
			Taken
lames of W	itnesses (if applicable	):	
teps Taken	to Resolve the Issue	(if any):	
	ames of W	ames of Witnesses (if applicable	Incident Location of Incident Description description of Incident description

•	Proposed Solution (What do you believe should happen?):				
•	Employee's Signature:				
•	Date:				