

# Employee Grievance Form Template

- Employee Name: \_\_\_\_\_
- Date of Incident: \_\_\_\_\_
- Supervisor's Name: \_\_\_\_\_
- Work Location: \_\_\_\_\_
- Type of Grievance:
  - Workplace Conflict
  - Unfair Treatment
  - Health and Safety Concern
  - Violation of Company Policy
  - Other: \_\_\_\_\_

Date of Incident	Location of Incident	Description of Incident	Actions Taken

- Names of Witnesses (if applicable):  
\_\_\_\_\_  
\_\_\_\_\_

- Steps Taken to Resolve the Issue (if any):  
\_\_\_\_\_  
\_\_\_\_\_

- **Proposed Solution (What do you believe should happen?):**

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- **Employee's Signature:** \_\_\_\_\_

- **Date:** \_\_\_\_\_