

Free Employee Grievance Form

- Employee Name: _____
- Employee ID: _____
- Date of Incident: _____
- Job Title: _____

Grievance Type	Date of Incident	People Involved	Steps Taken
<input type="checkbox"/> Harassment			
<input type="checkbox"/> Pay Discrepancy			
<input type="checkbox"/> Unfair Treatment			
<input type="checkbox"/> Safety Concern			
<input type="checkbox"/> Other:			

- Detailed Description of Grievance:

- Proposed Solution:

- Employee Signature: _____
- Date: _____