

# Simple Employee Grievance Form

- Name of Employee: \_\_\_\_\_
- Department: \_\_\_\_\_
- Date: \_\_\_\_\_
- Contact Information:
  - Phone Number: \_\_\_\_\_
  - Email: \_\_\_\_\_
- Nature of Grievance:
  - Workplace Dispute
  - Unfair Treatment
  - Safety Concern
  - Other: \_\_\_\_\_
- Brief Description of the Issue:  
\_\_\_\_\_  
\_\_\_\_\_
- Who was involved?  
\_\_\_\_\_
- Date and Time of Incident:  
\_\_\_\_\_
- Have you addressed this issue before?
  - Yes  No
- If Yes, what action was taken?  
\_\_\_\_\_
- What outcome do you hope for?  
\_\_\_\_\_
- Employee Signature: \_\_\_\_\_
- Date: \_\_\_\_\_