

Employee Grievance Form

Date of Submission: _____

Employee Information:

- Full Name: _____
- Employee ID: _____
- Department: _____
- Contact Number: _____
- Email Address: _____

Grievance Details:

- Date of Incident: _____
- Time of Incident: _____
- Location: _____
- Description of the Grievance:

Steps Already Taken to Resolve the Grievance:

- Discussed with Supervisor
- Reported to HR
- Other (Specify): _____

Desired Resolution:

- _____
- _____

Signature:

Employee Signature: _____

Date: _____

For HR Use Only:

HR Representative Name	Action Taken	Date	Remarks