**Employee Grievance Form**

Grievant Information

# Employee Name: Date:

Job Title: Employee ID: Date of Hire:

Home Mailing Address:

Work Mailing Address:

|  |
| --- |
| Date, time and place of event leading to grievance: |
|  |
| Detailed account of occurrence (include names of persons involved, if any): |
|  |
| Please state policies, procedures, or guidelines that you feel have been violated: |
|  |
| Proposed solution to grievance: |
|  |

The grievant should retain a copy of this form for his/her records. The signature below indicates that you are a filing a grievance, and any information on this form is truthful.

Employee Signature Date

Received by Date