

GRIEVANCE REPORTING FORM

Employee Name: _____ Date: _____

Job Title: _____ Date of Hire: _____

Mailing Address: _____

Best number to reach employee: _____

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

Employee Signature

Date

Received by

Date

Employee should retain a copy of this form for his/her records. Signature indicates that employee is reporting grievance and the information on the form is truthful.