**Employee Grievance Form**

**Purpose:**  
This form allows employees to formally report concerns, complaints, or grievances related to workplace issues such as unfair treatment, harassment, discrimination, policy violations, or conflicts.

**Section 1: Employee Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Employee Name:** | Sarah Thompson | **Employee ID:** | EMP-1458 |
| **Department:** | Marketing | **Job Title:** | Senior Marketing Executive |
| **Supervisor/Manager:** | James Reed | **Date of Submission:** | 10 October 2025 |

**Section 2: Nature of Grievance**

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of Issue (Check all that apply)** | | | |
| ☐ Harassment or Bullying | ☐ Discrimination | ☐ Unfair Treatment | ☐ Workload/Job Assignment |
| ☐ Salary/Benefits Issue | ☐ Policy Violation | ☐ Conflict with Supervisor/Colleague | ☐ Other (Specify): |

**Section 3: Description of Grievance**

**Please describe your grievance in detail, including dates, persons involved, and any witnesses.**

Example: On 2 October 2025, I was assigned additional tasks outside my role without proper discussion. Despite raising the concern with my supervisor, no action has been taken. This has affected my workload and performance.

**Section 4: Evidence or Attachments**

List any supporting documents or evidence:

|  |  |  |  |
| --- | --- | --- | --- |
| ☐ Emails | ☐ Screenshots | ☐ Memos | ☐ Witness Statements |
| ☐ Other: |  |  |  |

**Section 5: Actions Taken So Far**

**Have you attempted to resolve this issue informally?**  
☐ Yes  ☐ No

If yes, describe the actions taken and the results:

I discussed the issue with my supervisor and HR assistant on 5 October 2025, but no resolution was reached.

**Section 6: Desired Resolution**

**What outcome or resolution are you seeking?**

I request a formal review of workload assignments and clear role definitions for team members.

**Section 7: Employee Declaration**

I confirm that the information provided above is true and accurate to the best of my knowledge.

**Employee Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 8: For HR / Management Use Only**

|  |  |  |  |
| --- | --- | --- | --- |
| **Received By (HR Representative):** | Olivia Martinez | **Date Received:** | 10 October 2025 |
| **Investigation Start Date:** | 12 October 2025 | | |
| **Investigation Findings:** |  | | |
| **Action Taken:** |  | | |
| **Resolution Date:** |  | | |
| **Remarks:** |  | | |
| **HR Signature:** |  | | |