**Employee Grievance Form**

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| --- | --- | --- | --- |
| **Company Name:** |  | | |
| **Department:** |  | **Date of Submission:** |  |

**Section 1: Employee Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name:** |  | | |
| **Employee ID:** |  | **Job Title:** |  |
| **Department:** |  | **Email:** |  |
| **Phone Number:** |  |  |  |

**Section 2: Grievance Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of Grievance:** | ☐ Harassment ☐ Discrimination ☐ Unfair Treatment ☐ Workplace Safety ☐ Wage/Salary Issue ☐ Other: \_\_\_\_\_\_\_\_\_\_\_ | | |
| **Date of Incident(s):** |  | **Location of Incident(s):** |  |
| **Persons Involved:** |  |  |  |
| **Description of Grievance:** | *(Provide a detailed account of the incident or issue)* | | |
|  | | |
|  | | |
|  | | |

**Section 3: Previous Action Taken**

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| --- | --- | --- | --- |
| **Have you reported this issue before?** | ☐ Yes ☐ No | **If yes, to whom?** |  |
| **Action Taken (if any):** |  | | |
|  | | |
|  | | |

**Section 4: Desired Resolution**

|  |  |
| --- | --- |
| **What outcome are you seeking?** |  |
|  |
|  |
| **Additional Comments:** |  |
|  |
|  |

**Section 5: Acknowledgment**

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

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

**For HR Use Only**

|  |  |  |  |
| --- | --- | --- | --- |
| **Received By:** |  | **Date Received:** |  |
| **Reference Number:** |  | **Action Taken / Notes:** |  |