

EMPLOYEE GRIEVANCE FORM

Try Smartsheet for FREE

GRIEVANT INFORMATION	
EMPLOYEE NAME	DATE FORM SUBMITTED
JOB TITLE	EMPLOYEE ID
EMPLOYEE HOME MAILING ADDRESS	WORKPLACE MAILING ADDRESS

DETAILS OF EVENT LEADING TO GRIEVANCE	
DATE, TIME, AND LOCATION OF EVENT	WITNESSES if applicable
ACCOUNT OF EVENT	VIOLATIONS
Provide a detailed account of the occurrence. Include the names of any additional persons involved.	Provide a list of any policies, procedures, or guidelines you believe have been violated in the event described.

PROPOSED SOLUTION

Please retain a copy of this form for your own records. As the grievant, your signature below indicates that the information you've provided on this form is truthful.

SIGNATURES		
EMPLOYEE NAME	EMPLOYEE SIGNATURE	DATE
RECEIVED BY: PRINTED NAME	RECIPIENT SIGNATURE	DATE

DISCLAIMER

Any articles, templates, or information provided by Smartsheet on the website are for reference only. While we strive to keep the information up to date and correct, we make no representations or warranties of any kind, express or implied, about the completeness, accuracy, reliability, suitability, or availability with respect to the website or the information, articles, templates, or related graphics contained on the website. Any reliance you place on such information is therefore strictly at your own risk.