

GRIEVANCE FORM

Place: _____

Department:_____

Date: _____

Name of Employee: _____

Employee Number: _____

Complaint is raised against: _____

I HAVE THE FOLLOWING GRIEVANCE:

(Please provide full details of the issue):

[illegible]

FOR OFFICIAL USE ONLY:

(PLEASE DO NOT FILL IN THE FOLLOWING SECTION THIS WILL BE DONE BY HR)

PROPOSED ACTION: A grievance hearing will be held on _____ with the complaining Employee and _____.

To be filled in after initial hearing:

REFER TO NEXT LEVEL: YES/NO

GRIEVANCE RESOLVED: YES/NO

EMPLOYEE ACKNOWLEDGMENT OF RECEIPT:

ON BEHALF OF THE COMPANY: _____ POSITION: _____ TITLE: _____