

Employee Grievance Form

Staff Name: _____

Date: _____

Date, time, and place of event:

Detailed account of occurrence (please include names of persons involved):

Proposed solution:

Management Use

Follow Up Plan:

Signatures:

Staff

Management

Management Use

This part of the form to be used after follow up plan has been implemented.

Issue resolved: **Yes** **No**

If no, further course of action:

Signatures:

Staff

Management