*Place Image of Practice Logo Here*

**Employee Grievance Form**

Staff Name: \_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

**Date, time, and place of event:**

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

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**Proposed solution:**

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**Management Use**

**Follow Up Plan:**

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**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:**

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**Signatures:**

Staff Management