



EMPLOYEE GRIEVANCE FORM

This form is to be used to initiate the formal grievance process. A grievance is an allegation by an eligible employee of a misapplication or violation of any Company's Policy, Handbook or any other related Company's Code of Conduct, which has an adverse effect on the employee.

EMPLOYEE NAME		DATE	
STAFF ID		DEPARTMENT	
POSITION		COMPANY	

Please concisely state the circumstances / concerns you have that led to your grievance. Please specify any employee policies, Company's policies and / or administrative directives that you believe have been violated, and the violation of which had an adverse effect on you. All pertinent information, such as names, dates, events and witnesses (if any) should be included. Please attach any supporting documents or additional pages if necessary:

Remedy sought by Complainant – Please state what action you believe could be taken to resolve your concern(s):

Employee Signature:

Date: