

EMPLOYEE GRIEVANCE FORM

TO: Human Resources Director

FROM: _____
(print first and last name)

DATE: _____

SUBJECT: Grievance

Date of adverse action: _____

Employee statement regarding reason for initiating Formal Grievance Procedure: Be specific.

(feel free to attach additional sheets if the space provided is not sufficient)

Employee Signature: _____ Date: _____

HR Director Signature: _____ Date: _____