



Employee Grievance Form

Your Name: _____ Date: _____

Title: _____ Phone Number: _____

Status: ____ Employee ____ Customer
____ Faculty Other (Specify) _____

Department: _____

Address: _____

Complaint Information

Date of Incident: _____ Time of Incident: _____

Location of Incident: _____

Please describe the incident in detail:

If there are others who have witnessed the incident, please provide their names and phone numbers below:

Is this the first time you have raised this concern about this person?

____ Yes ____ No

Do you have any suggestions for resolving the complaint? If so, please explain.

Do you have any additional information or complaints? If so, please explain.

Signature: _____

Print Name: _____