

Official Workplace Conflict Grievance Form

Please fill out this form to report a workplace conflict for formal review and resolution.

1. Complainant Details

Full Name

Department/Unit

Contact Information

2. Details of Conflict

Date of Incident

Other Party/Parties Involved

Location of Incident

Description of Conflict (Please provide clear and factual details)

3. Attempted Resolution

Have you attempted to resolve this conflict? If yes, please describe the steps taken.

4. Desired Outcome

Please specify the outcome or resolution you are seeking.

5. Declaration

I confirm that the information provided in this grievance is true and accurate to the best of my knowledge.

Date

Signature