

Promotion Denial Grievance Report

Employee Name:

Employee ID:

Department:

Designation:

Date of Report:

1. Details of Promotion Denial

Position Applied For:

Date of Application:

Date of Promotion Decision:

Person Promoted (if applicable):

2. Reason for Grievance

Describe the circumstances of the denial and your concerns:

3. Supporting Documents/Information

List documents or evidence attached (if any):

4. Desired Resolution

State the outcome or action you are seeking:

Employee Signature

Date

