

# Retaliation Complaint Grievance Report

**Employee Name:**

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**Department:**

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**Job Title:**

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**Date of Report:**

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## 1. Description of Retaliation Incident(s)

**Please describe in detail the incident(s) you believe constitute retaliation, including dates, locations, and those involved:**

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## 2. Prior Complaint Information

**Have you previously filed a complaint or report that led to the alleged retaliation? If so, please provide details:**

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## 3. Witnesses

**List names and contact information of anyone who witnessed the incident(s) or has relevant information:**

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## 4. Additional Information

**Provide any further information you believe is important to the investigation:**

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**Employee Signature:**

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**Date:**

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**Received By (HR/Investigator):**

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**Date:**

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