

Retaliation Complaint Grievance Report

Employee Name:

Department:

Job Title:

Date of Report:

1. Description of Retaliation Incident(s)

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

2. Prior Complaint Information

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

3. Witnesses

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

4. Additional Information

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

Employee Signature:

Date:

Received By (HR/Investigator):

Date:
