

# Unfair Treatment Grievance Report

## Employee Information

Full Name

Enter your full name

Employee ID

Enter your employee ID

Department/Unit

Enter your department

Contact Information

Enter your email or phone number

## Details of Grievance

Date of Incident

MM/DD/YYYY

Location of Incident

Specify the location

Individuals Involved

List names, if known

Description of Unfair Treatment

State in detail what happened

## Steps Taken (if any)

Have you taken any steps to resolve the issue?

Describe any actions taken (e.g., discussed with supervisor)

## Desired Resolution

What outcome are you seeking?

State your preferred resolution or action

---

**Signature**

Sign here

---

**Date**

MM/DD/YYYY

---