

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
