

# Employee Grievance Report Form

## Employee Information

**Full Name**

**Employee ID**

**Department**

**Position/Title**

## Grievance Details

**Date of Incident**

**Location**

**Persons Involved (if any)**

**Description of Grievance**

**Actions Taken (if any)**

**Relief or Resolution Sought**

**Declaration**

**I hereby declare that the information provided above is accurate and complete to the best of my knowledge.**

**Date Submitted**