

Employee Misconduct Grievance Submission

Employee Name:

Employee ID/Number:

Department:

Date of Submission:

Name(s) of Employee(s) Involved (if other than the complainant):

Date(s) of Incident:

Location of Incident:

Detailed Description of Incident:

Witness(es) (if any):

Have you previously reported this issue? If yes, to whom and when?

Desired Resolution or Action:

Employee Signature:

Date:
