

Promotion Denial Employee Grievance Form

Employee Information

Full Name

Employee ID

Department

Current Position

Contact Information

Promotion Details

Position Applied For

Date of Promotion Decision

Grievance Details

Reason Provided for Denial (if any)

Describe Your Grievance

Previous Discussions or Actions Taken

Desired Resolution/Outcome

Declaration



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

Date Submitted

Employee Signature