

# 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

Type your full name