

# Retaliation Incident Grievance Form

Date of Report

Your Name

Your Department

Contact Information

Email

Phone (optional)

Date of Incident

Person(s) Involved

Name(s), role(s), etc.

Description of Incident

Describe the incident in detail

Location of Incident

Have you reported this incident before?

Select



If yes, to whom and when?

Desired Resolution/Outcome

Explain the outcome you seek

**Additional Comments**