

**Employee Grievance Form A**

|  |  |
| --- | --- |
| **Complainant Information –** Complete and sign the form and deliver to the Director of Human | |
| Resources. |  |

**Date Grievance Filed:**

**Complainant Name:** **ID Number:**

**Complainant Address:**

**Complainant E‐Mail:**

**Complainant Phone 1:** **Complainant Phone 2:**

**Signature:**

**Description of Grievance** ‐ Provide a brief description of the grievance, including dates of occurrence(s), in the space below. Attach any supporting documentation as necessary.

**For Human Resources Use Only**

**Date of Reply to Grievance Filing:**

**HR Director Signature:**

**Comments:**