

# Employee Grievance Form

**Instructions:** The Employer Group is available to help resolve misunderstandings. If you have a work-related problem, which you would like to address through the grievance process, please fill out this form and submit it to our office.

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## GRIEVANCE

Client Company \_\_\_\_\_ Supervisor \_\_\_\_\_

Describe the problem \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date discussed with supervisor \_\_\_\_\_

Supervisor's response \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Were you dissatisfied with your supervisor's response? If so, why? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What action would you like The Employer Group to take? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there witnesses who can confirm your statements? If so, please list the person's name, position, and telephone #.  
\_\_\_\_\_  
\_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Received By \_\_\_\_\_ Date \_\_\_\_\_