[Company name]

How to use this document: delete this paragraph before saving, sharing, or circulating it. Every part shown in blue is yours to replace: type your own details over each blue [field] until no blue remains. Add or remove table rows to fit your needs. Then select all (Ctrl+A) and set the font colour to the same dark colour throughout. What is left is your finished document.

Employee Grievance Form

For raising a formal workplace complaint

Submit this form to [HR / your line manager / the designated contact]. It will be handled confidentially under our grievance procedure.

About you

Name	[Employee name]
Department / team	[Department]
Job title	[Job title]
Date of submission	[Date]

Your grievance

What happened? Describe the events clearly, with dates, times and places.

[Describe what happened]

Who was involved or witnessed it?

[Names and roles]

Have you tried to resolve this informally? If so, what happened?

[Details]

What outcome are you seeking?

[Describe what you would like to happen]

How you want to be contacted

Preferred contact	[email / phone]
Contact details	[details]
Support person	[Name of colleague or representative you wish to bring, if

	any]

Confidentiality: this form and any investigation are treated as confidential. Only those who need to know will be involved.

Sign-off

Name	Signature	Date