[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. 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: _____

Department / team: _____

Job title: _____

Date of submission: _____

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: _____

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: _____