

Grievance Form

Complete this form if you're experiencing difficulties that make your job hard or unpleasant to do.

Your name:

Date:

I. Type of Complaint

Check the type of complaint this is about. You can select more than one, but for efficient resolution try to limit each grievance form to one specific situation.

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Company policy | <input type="checkbox"/> Coworker behavior | <input type="checkbox"/> Legal problem | <input type="checkbox"/> Pay issues |
| <input type="checkbox"/> Lack of resources | <input type="checkbox"/> Customer behavior | <input type="checkbox"/> Building issue | <input type="checkbox"/> Safety problem |
| <input type="checkbox"/> CEO is an asshat | <input type="checkbox"/> Cleanliness issue | <input type="checkbox"/> Health issue | <input type="checkbox"/> Unclear expectations |
| <input type="checkbox"/> Other: | <input type="text"/> | | |

II. Explain the problem (attach extra pages if needed) **Date problem began:**

III. History (Have you filed a grievance about this or a similar issue before?)

: Yes : No If yes, please explain when and what the result was.

IV. Explain what you think should happen. (attach extra pages if needed)

V. Describe what you think will happen if this issue is not solved.

Nothing you say in this section can be held against you. Be honest, and state in clear terms what you may do, or what you think will happen if we do not solve this problem.

Internal Use (to be completed by office)

Date grievance received:

Investigated by:

VI. What did the investigation find?

Is there evidence to support the grievance?

: Yes : No If yes, please explain.

VII. What should happen next?

- | | |
|--|---|
| <input type="checkbox"/> Meet with concerned parties. | <input type="checkbox"/> Send a memo to clarify a policy. |
| <input type="checkbox"/> Shareholder meeting or vote. | <input type="checkbox"/> Seek legal counsel. |
| <input type="checkbox"/> Initiate disciplinary process. | <input type="checkbox"/> Enforce existing company policy |
| <input type="checkbox"/> Other: <input style="width: 600px;" type="text"/> | |

Supporting information about next steps.

Date to be enacted:

VIII. Resolution

Was the problem solved?

: Yes : No If no, please explain.