

# Grievance Form (Confidential)

Date:			
Aggrieved person's name:			
Division/Location:		Position/Title:	
Respondent's name:			
Division/Location:		Position/Title:	
Relationship between aggrieved person and respondent:			
Date period of grievance:			
Nature of the grievance:	<input type="checkbox"/> Discrimination	<input type="checkbox"/> Harassment	<input type="checkbox"/> Bullying
Details of the grievance:			

Signature of aggrieved party:

Date:

Witnesses to the grievance:

Date:

Advice/alternatives/recommendations offered to aggrieved party:

What action did the aggrieved person agree to being taken?

Grievance referred to (Name):

Date: Position:

Grievance referred to (Name):

Date: Position:



## Official Action Taken

Name:

Position:

Signature:

Date:

Note: This form must be filed in a confidential Grievance register. It must not be kept in the employee's personal file.