



## Employee Grievance Form A

**Complainant Information** – Complete and sign the form and deliver to the Director of Human Resources.

**Date Grievance Filed:**

**Complainant Name:**

**ID Number:**

**Complainant Address:**

**Complainant E-Mail:**

**Complainant Phone 1:**

**Complainant Phone 2:**

**Signature:**

---

**Description of Grievance** - Provide a brief description of the grievance, including dates of occurrence(s), in the space below. Attach any supporting documentation as necessary.

### **For Human Resources Use Only**

**Date of Reply to Grievance Filing:** \_\_\_\_\_

**HR Director Signature:** \_\_\_\_\_

**Comments:**