

# GRIEVANCE FORM

Employee Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Department: \_\_\_\_\_ Position: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

**Grievance Details:**

Please describe the nature of your grievance in detail, including dates, locations, persons involved, and any relevant events or circumstances. Attach additional pages if necessary.

**Desired Resolution:**

Please state what outcome you are seeking as a result of this grievance.

**Supporting Documentation (if any):**

List any documents or evidence that support your grievance.

**Declaration:**

I hereby declare that the information provided above is true and accurate to the best of my knowledge. I understand that providing false information may result in disciplinary action. I authorize the investigation of this grievance as necessary to resolve the issue.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Manager/Supervisor Review:**

Comments on the grievance, findings of the investigation, and recommended actions.

Reviewer Name: \_\_\_\_\_

Position: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Human Resources Use Only:**

HR review, actions taken, and final resolution.

HR Reviewer Name: \_\_\_\_\_

Position: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Legal Notice:**

This grievance form is intended to facilitate the prompt and fair resolution of workplace concerns in accordance with applicable Canadian laws and company policies. Submitting this form does not guarantee any particular outcome. All information provided will be treated confidentially and shared only with relevant parties involved in the investigation and resolution process.

EMPLOYEE SIGNATURE	MANAGER/SUPERVISOR SIGNATURE	REPRESENTATIVE SIGNATURE
Signature: _____	Signature: _____	Signature: _____

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