

Grievance Record Form

Grievance Information:

1. Employee Name/ Supplier Name: _____
2. Job Title: _____
3. Employee ID /Supplier ID: _____
4. Contact Number: _____
5. Email Address: _____
6. Date: _____ and Time: _____
7. Place of event leading to grievance: _____
8. Grievable Issue: _____
9. Brief Statement of issues and facts on which the grievances based (attach additional sheet if necessary): _____

10. Did you discuss the Grievable issue with your supervisor/appropriate department head in your chain? Yes/No _____, If yes Date of Discussion: _____
11. Desired Relief or Resolution: _____

12. Grievant's Signature: _____ Date: _____

The Following to be completed by an authorized person in the division/MR

Received By (Name and Title): _____

Date Received: _____ Is Grievance Timely (Yes/No): _____

Appointed investigator's (Name and Title): _____

Investigation report Details and Attachments: _____

Investigator Sign: _____ Date: _____

Grievance Closed			
Date:	Grievant's Signature:	2nd Party (If applicable) Sign	MR Signature:

****Note: If any party unsatisfied with the investigation report outcome can appeal as per appeal procedure.**