

GRIEVANCE REPORT

Any incident of illegal or inappropriate activity in the workplace should be reported on this form. All reports will be treated as confidential, and no retaliation for a good faith report will be allowed. Please sign your completed report and give it to your Supervisor or Human Resources.

Date of report: _____

Employee: _____ Title: _____

Supervisor's name: _____ Program: _____

Who was involved in the incident and what is their relationship to you? _____

When did the incident occur? Date: _____ Time: _____

Where did the incident occur? _____

What happened? _____

Who else has personal knowledge of the incident? _____

Have there been other similar incidents in the past? _____

If so, please describe those other incidents: _____

What efforts, if any, have you (or others) already made to resolve this? _____

What remedy or outcome would you consider satisfactory? _____

I certify that the information I have reported above is true.

Signature: _____

For official use only:

Report received by: _____ Date: _____

Actions taken: _____

Disposition: _____ Accepted? _____