

Human Resource Grievance Intake Form

Incident Descriptions

Part 2 (Optional)



Page Number _____ Date _____ Name of Grievant _____

Date and/or time of incident or action

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Description of incident or action

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Names of individuals who witnessed or would have knowledge of the incident or action

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Your interpretation of the incident or action relative to your grievance

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Date and/or time of incident or action

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Description of incident or action

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Names of individuals who witnessed or would have knowledge of the incident or action

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Your interpretation of the incident or action relative to your grievance

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