Human Resource Grievance Intake Form

Incident Descriptions

Part 2 (Optional)

Page Number ___________ Date ___________ Name of Grievant ________________________________

Date and/or time of incident or action

Description of incident or action

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

Your interpretation of the incident or action relative to your grievance

Date and/or time of incident or action

Description of incident or action

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

Your interpretation of the incident or action relative to your grievance