GRIEVANCE SUBMISSION FORM

Instructions: This form is designed to help employees report any grievances. Please provide as much detail as possible and select the category of your grievance by marking an "X" in the appropriate box below. Categories are provided to guide the urgency of your grievance.

CATEGORY INDICATION

Please select the category of your grievance by marking an "X" in the appropriate box:

Category	Description	Mark an "X"
Category 1: Requires Immediate Attention	Urgent issues that pose a potential risk to employee safety, well-being, or company operations. Immediate action is required. Examples: - Unwanted sexual advances - Physical altercation during work hours - Harassment or threats of violence	☐
Category 2: Other Grievances	Non-urgent issues affect the working environment or interpersonal relationships but do not pose an immediate risk. Examples: - Frequent criticism in front of others - Lack of support from supervisors - Conflict over job duties	☐

EMPLOYEE INFORMATION

Field	Details
Employee Name:	_____
Employee Clock Number:	_____
Employee Designation/Title:	_____
Employee Cell Number:	_____
Department:	_____
Date of Grievance Submission:	_____
Manager/Supervisor Name:	_____

GRIEVANCE DETAILS

1. Describe the Issue or Concern (What happened?):

Provide details about the issue, including any relevant context.

Examples:

- I was subjected to unwanted sexual advances by a colleague (Category 1).
- My colleague repeatedly undermines my work in meetings (Category 2).

Your Description:

2. How Did This Affect You? (Why are you upset?):

Explain how the issue has impacted your work, well-being, or relationships.

Examples:

- I feel unsafe and anxious about coming to work (Category 1).
- The constant criticism has affected my self-esteem and work performance (Category 2).

Your Response:

3. Steps Taken to Resolve the Issue (What actions have you already taken?):

Have you attempted to resolve the issue with your supervisor or HR? Describe the steps you have taken and what the outcome was.

Your Response:

4. Proposed Solution (What would you like to happen?):

Provide your suggested resolution or action that can help address the issue.

Examples:

- I would like the company to investigate this incident and take appropriate action (Category 1).
- I would like a meeting with my colleague and supervisor to address the communication issue (Category 2).

Your Response:

ADDITIONAL DETAILS

Field	Details
Date of the Incident:	_____
Employee Signature:	_____
Manager/Supervisor Signature:	_____

FOR HR/MANAGEMENT USE ONLY

Field	Details
Date Grievance Received:	_____
	_____
Action Taken:	_____
	_____