

# Grievance Form: Reporting Workplace Discrimination

This **grievance form sample** is designed to help employees formally report incidents of discrimination in the workplace. It provides a clear and structured format to document complaints, ensuring that concerns are addressed promptly and fairly. Using this form promotes a respectful and inclusive work environment by facilitating open communication and resolution.

Employee Name:

Employee ID (if applicable):

Department:

Contact Information (email/phone):

Date of Incident:

MM/DD/YYYY

Location of Incident:

Name(s) of Individual(s) Involved:

Type of Discrimination (select all that apply):

Race/Color  
Gender/Sex  
Religion  
Age  
Disability  
Other (please specify in incident details)

Description of Incident:\*

Please provide details about the incident...

Names of Witnesses (if any):

Have you previously reported this incident?

No 

**Desired Outcome/Resolution:**

What would you like to happen as a result of this grievance?

**Signature:**

**Date Submitted:**

MM/DD/YYYY

Submit Grievance