

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