

# Grievance Form – Unfair Dismissal

Please complete all sections below to formally submit your grievance regarding unfair dismissal. Attach additional documents if necessary.

Employee Name:

Employee ID:

Department:

Contact Information:

Date of Dismissal:

Manager/Supervisor Name:

Summary of Grievance (Describe the circumstances of your dismissal and why you believe it was unfair):

Supporting Evidence (List or attach relevant documents, emails, or witnesses):

Actions Taken Prior to Filing This Grievance (e.g., informal discussions, meetings):

Desired Outcome/Resolution:

Date Submitted:

Employee Signature:

Submit Grievance