

Complaint Report

Date: _____

Name of Employee:	Employee Number:			
Subject:	Check Number:			
Agency:	Phone Number:			
Job Classification:				
	NOTES			

Fact Sheet

Statement of events (What happened?):	:		
-			
When did the incident happen?			

Where did the grievance occur?
Why is this a grievance? (Contract violation, policy violation, disciplined?)
What is the remedy?
Documents needed to support the claim: