



Girl Scouts Western Oklahoma

Employee Grievance/Concern Form

Employee Information

- **Full Name:** _____
 - **Job Title:** _____
 - **Department:** _____
 - **Supervisor's Name:** _____
 - **Date Submitted:** ____ / ____ / ____
-

Grievance Details

1. **Date(s) of Incident(s):**

2. **Location of Incident(s):**

3. **Individuals Involved (Include names and roles):**

4. **Description of the Grievance:**

(Please provide a detailed account of the issue, including relevant facts, conversations, witnesses or actions. Attach supporting documentation if available.)

5. Previous Steps Taken (if any):

(List any actions taken to resolve the issue informally, including discussions with your supervisor or HR.)

6. Resolution or Outcome:

(What would you like to see happen to resolve this matter?)

Employee Declaration

I declare that the information I have provided is true and accurate to the best of my knowledge.

Signature: _____

Date: ____ / ____ / ____

HR Use Only

- **Date Received:** ____ / ____ / ____
- **Received By:** _____
- **Follow-up Actions Taken:**

- **Resolution/Outcome:**

- **Date of Resolution:** ____ / ____ / ____