

## Sample Grievance Form

<p><b>Full Name</b></p> <p>Note: you can remain anonymous if you prefer or request not to disclose your identity to the third parties without your consent</p>	<p>First name _____</p> <p>Last name _____</p> <p><input type="checkbox"/> I wish to raise my grievance anonymously</p> <p><input type="checkbox"/> I request not to disclose my identity without my consent</p>
<p><b>Contact Information</b></p> <p>Please mark how you wish to be contacted (mail, telephone, e-mail).</p>	<p><input type="checkbox"/> By Post: Please provide mailing address:</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> By Telephone: _____</p> <p><input type="checkbox"/> By E-mail _____</p>
<p><b>Description of Incident or Grievance:</b></p>	<p>What happened?</p> <p>_____</p> <p>_____</p> <p>Where did it happen?</p> <p>_____</p> <p>_____</p> <p>Who did it happen to?</p> <p>_____</p> <p>_____</p> <p>What is the result of the problem?</p> <p>_____</p> <p>_____</p>
<p><b>Date of Incident/Grievance</b></p>	<p><input type="checkbox"/> One-time incident/grievance (date _____)</p> <p><input type="checkbox"/> Happened more than once (how many times? _____)</p> <p><input type="checkbox"/> On-going (currently experiencing problem)</p>
<p><b>What would you like to see happen to resolve the problem?</b></p>	<p>_____</p> <p>_____</p>
<p><b>Please return this form to:</b></p>	<p>[__ name _____], Health and Safety Manager,          [__ company name _____],          Address _____          Tel.: _____ or E-mail: _____@_____.com.</p>