

**MousePaw Media
Formal Grievance**

Date: _____

Employee Name: _____

Employee ID: _____

Department: _____

Supervisor: _____

Details

Date(s) of event leading to grievance: _____

Date you first became aware of the event (if different): _____

Detailed description of grievance, including names of other persons involved, if any:

_____ Employee Initials

_____ Supervisor Initials

(Continued on reverse...)

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Proposed solution to grievance:

A Formal Grievance must be filled out and submitted to your supervisor(s) within 15 days of the date of the most recent occurrence of the problem or of your first awareness of the problem. Every effort should be made to resolve the grievance by informal discussion during this time period.

By signing this form, you (the employee) confirm that you have filled out the preceding fields to the best of your ability in compliance with the aforementioned instructions.

Employee Signature

Date

Supervisor Signature

Date