



Goodwill Industries of Northwest Ohio, Inc.

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In the Business of Changing Lives since 1933.

Employee Grievance Form

Full Name: _____ Date: _____

Job Title: _____ Phone Number: _____

Home Mailing Address: _____

Work Location: _____

| |
|--|
| Date, time and place of event leading to grievance: |
| |
| Detailed account of occurrence (include names of persons involved, if any): |
| |
| Please state policies, procedures, or guidelines that you feel have been violated: |
| |
| Proposed solution to grievance: |
| |

The grievant should retain a copy of this form for his/her records. The signature below indicates that you are a filing a grievance, and any information on this form is truthful.

Signature of Employee/ Client or Guest

Date

Signature of Manager

Date

