

Western Interstate Energy Board

Employee/Participant Grievance Form

To be completed by the employee/participant:

Employee/Participant Name:
Today's Date:
Preferred Method of Contact:
Department/Job Title:
Supervisor Name:
Date of Incident:
Please explain the nature of your complaint.
What specific regulation or policy was violated?
Explain any supporting facts or evidence (attach any supporting documentation).
Provide the names of involved individuals and possible witnesses.
Where did the specific event occur?
What is your proposed solution?

Employee/Participant Signature: _____

Date: _____

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Complaint Procedure

To be completed by the employee's manager or supervisor or WIEB representative:

Employee/Participant Name:
Date:
Discussion Notes:
Proposed Action/Resolution:

Employee/Participant Signature: _____

Date: _____

Printed Name: _____

Supervisor/WIEB Representative Signature: _____

Date: _____

Printed Name: _____