

LINCOLN INSTITUTE OF APPLIED PSYCHOLOGY

GRIEVANCE FORM

GRIEVANT INFORMATION	
NAME	DATE FORM SUBMITTED

DETAILS OF EVENT LEADING TO GRIEVANCE	
ACCOUNT OF EVENT	VIOLATIONS
Provide a detailed account of the occurrence. Include the names of any additional persons involved.	Provide a list of any policies, procedures, or guidelines you believe have been violated in the event described.

PROPOSED SOLUTION

Please retain a copy of this form for your own records. As the grievant, please provide your signature below, as it indicates that the information you've included on this form is truthful.