



BITTACHON
CARE SERVICES INC

Bittachon Care Services Inc.

Employee Grievance Submission Form

Employee Information:

- **Employee Name:** _____
 - **Employee ID (if applicable):** _____
 - **Department:** _____
 - **Position/Title:** _____
 - **Date of Submission:** _____
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1. Nature of Grievance:

Please select the category that best describes your grievance (check all that apply):

- Workplace Harassment
 - Discrimination
 - Unfair Treatment
 - Violation of Company Policy
 - Conflict with Supervisor or Colleague
 - Safety Concern
 - Other (please specify): _____
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2. Description of Grievance:

Please provide a detailed description of the issue or concern. Include relevant dates, times, locations, and the names of any individuals involved.

3. Steps Taken to Resolve the Issue:

Have you attempted to resolve this issue informally? If yes, please describe the steps taken and the outcome.

4. Desired Outcome:

Please specify the resolution or outcome you are seeking.

5. Additional Information:

Please provide any additional information or documentation that may be relevant to your grievance.

Acknowledgment:

By submitting this form, I confirm that the information provided is accurate and complete to the best of my knowledge. I understand that Bittachon Care Services Inc. will investigate this grievance in a fair and confidential manner, and I will cooperate fully with the investigation process.

Employee Signature: _____

Date: _____

For HR/Management Use Only:

- **Date Grievance Received:** _____
- **Received By:** _____
- **Acknowledgment Sent (Date):** _____
- **Investigation Start Date:** _____
- **Investigation Completed (Date):** _____
- **Outcome/Resolution:** _____
- **Final Decision Communicated to Employee (Date):** _____