



Employee Grievance Report Form

Employee's Name: _____

Job Title: _____ Work Location: _____

Date(s) grievance occurred: _____

Date reported to Recruiter: _____

.....
Grievance (describe the condition needing attention):

Have you tried to discuss this with your Wellspring Nurse Source recruiter? When? What was the result?

What do you feel should be done to correct the condition?

Signature of Employee

Date form was submitted

Copy to recruiter Copy to Employee Copy to Employee File

