



747 Middle Neck Road Suite 200 Great Neck NY 11023 (Tel) 516-482-8000 (Fax) 516-482-8392

Employee Grievance Form

Employee Name	
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Date of the Grievance	
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Description of the grievance:

Were there any witnesses?

How would you like this matter to be resolved?

Date

Employee Signature

Date

Supervisor Signature

Reported to		on	
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CH Hakimi ensures that the person / company filing this grievance shall do so without fear of blowback, retaliation, dismissal or harassment and may do so anonymously.

The grievance filed shall remain confidential.

Send complaint to Fax: 516-482-8392 Att: Matt Hakimi, matt@chhakimi.com or hand deliver.