

**HIGHLAND RIM ECONOMIC CORPORATION**  
**GRIEVANCE FORM FOR EMPLOYEES**

GRIEVANT'S NAME: \_\_\_\_\_

GRIEVANT'S ADDRESS: \_\_\_\_\_

GRIEVANT'S TELEPHONE NUMBER: \_\_\_\_\_

DATE FILED: \_\_\_\_\_

STATEMENT OF GRIEVANCE/COMPLAINT: \_\_\_\_\_

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SIGNATURE OF GRIEVANT: \_\_\_\_\_

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DATE GRIEVANCE/COMPLAINT RECEIVED \_\_\_\_\_