

**GRIEVANCE FORM**

**(TO BE COMPLETED BY THE EMPLOYEE(S) LODGING THE GRIEVANCE)**

Name of Employee..... Employee No.: .....

Job Title.....

Department.....

Name of Representative.....

Cause of the Grievance:.....

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Solution Requested.....

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Signature of Employee..... Date.....

**(TO BE COMPLETED BY THE MANAGER)**

Date Received.....

Date of Enquiry.....

Names of all persons present at Enquiry.....

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Brief Summary of Enquiry (use additional paper is required):-

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Outcome of Enquiry:.....

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Signature of Employee..... Date.....

Signature of Representative..... Date.....

Signature of Manager..... Date.....

I confirm that I now request this grievance to be referred to the Executive Dean/Head in line with Stage 4 of the Grievance Procedure.

Employee's signature..... Date.....

(TO BE COMPLETED BY HEAD OF DEPARTMENT)

Date Received.....

If enquiry re-convened:-

Date of enquiry.....

Names of all persons present at Enquiry.....

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Executive Dean/Head's Comments.....

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Executive Dean/Head's Decision.....

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Employee's Signature.....Date.....

Representative's Signature..... Date.....

Executive Dean/Head's Signature..... Date.....