

GRIEVANCE NOTIFICATION FORM

To raise a grievance following attempts to resolve the matter informally, the employee(s) must complete this form and give/send it to their line manager, or other appropriate manager as detailed in the Council's Grievance Procedure.

Name: _____ Post Title: _____

Department: _____ Tel No/ext.: _____

STATEMENT OF GRIEVANCE

1. Please outline your grievance below, including details of any relevant dates, witnesses and documents as appropriate (continue on a separate sheet if required).

2. Please outline what you would like to happen to resolve your grievance.

3. Please indicate the name of your representative (Trade Union or colleague) if you wish to have one.

Signature: _____ Date: _____

To be completed by the manager receiving the grievance, who must then send a copy of the form to the Senior HR Adviser in Council HQ

Name: _____ Post Title: _____

Signature: _____ Date of Receipt: _____