

Form: Notification of a Grievance

Name of grieved employee: (List names and details of all employees in group if a group grievance is lodged)		Personnel number:	
Position:		Department:	
Description of grievance: (Be specific – include actions, dates, witnesses and other names)			
Desired outcome required: (Specify what remedy will mitigate the grievance)			
Employee declares as follows:	<ul style="list-style-type: none"> The contents of my grievance as stipulated in this document is true and based on facts: 		
Employee signature and date:		Grievance received by... : Name: Designation: Date: ...On behalf of the employer	
Representative name & signature:		Witness name & signature:	

Stage 2:

Description	Date completed	Details
Grievance investigated:		
Proposed remedy:		
Employee signature in acknowledgement that he/she accepts remedy as indicated herein and that the matter is resolved to his/her complete satisfaction.	Employee and representative signatures	
Employer or designate signature in confirming the application of the remedy as stipulated herein:	Employer signature	