**Grievance**

Please continue on a separate sheet if necessary

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| --- | --- |
| Name: | Your Job: |
| Department/Location: | |
| Have you discussed this informally with your line manager (or with their line manager)? Yes/No  Has mediation been considered as a way to resolve this issue? Yes/No | |
| What is it you are concerned about and include evidence to support your complaint: | |
| What do you want to happen to put right your grievance? | |
| In the case of a collective grievance, please provide details of the number of people you are representing and their department (you may be requested for more details if it will assist resolving the grievance).  Have you discussed this with a Senior Staff Side representative: Yes/No  Accredited Representative of which Union:  (Collective Grievance only) | |
| Name: | Signature: |
| Date: |

You now need to give this form to your manager or manager’s manager