[Insert organisation name/logo]

# GRIEVANCE MANAGEMENT FORM

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| **Name of complainant:** |  |
| **Name of respondent:** |  |
| **Name of staff member handling the complaint:** |  |
| **What date did you receive the formal grievance?** |  |
| **Grievance form attached?** | **□ Yes □ No** |

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| **Describe the grievance**  |
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| **Please indicate the following**  |
| **Respond to complainant within 5 working days?** | **□ Yes □ No** |
| **Inform respondent within 10 working days?**  | **□ Yes □ No** |
| **Is respondent’s response attached?** | **□ Yes □ No** |

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| **What informal resolution actions have been undertaken?** |
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| **Proposed and actual resolution:** |
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| **Outcomes of this resolution, any further actions?** |
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| **Closure** |
| **Grievance closing date**  |  |
| **Name of complainant** |  |
| **Complainant signature** |  | **Date** |  |
| **Name of respondent** |  |
| **Respondent signature** |  | **Date** |  |

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| **Follow up** |
| **One month follow up date** |  |
| **Grievance reopened date** |  |
| **Grievance completed on** |  |

|  |  |
| --- | --- |
| **Staff member managing the grievance**  |  |
| **Position** |  |
| **Signature**  |  | **Date** |  |