[Insert organisation name/logo]

# GRIEVANCE NOTICE FORM

Dear **[insert staff member/ student/ board member/ volunteer]**

**[Insert organisation name]** is committed to preventing and effectively responding to grievances in the workplace.

Where a staff member, student or volunteer has a grievance with another staff member, or with a Board Member in their role as a Board, and where that grievance was not able to be resolved through an informal process, this form should be completed. Please read the Grievance Management Section of the Human Resources Policy before completing this form.

This form should be given to your direct supervisor. If your grievance is about your direct supervisor, the form should be given to the next in line supervisor or the CEO/Manager. Please see the Human Resources Policy for further guidance regarding whom to give you grievance to.

The person to whom you make this formal grievance will acknowledge receipt within **[insert number of days (N0)]** working days. If they identify a potential or real conflict of interest the next in line supervisor or the CEO/Manager will handle the grievance.

The person who handles the grievance will then follow the process outlined in the Grievance Management section of Human Resources Policy. The person about whom the grievance is made will be informed and will be given an opportunity to respond. The person handling the grievance will attempt to resolve it with both you and the person who the grievance is about; this may or may not involve mediation between you, that person, the grievance manager and any support person you may request. If you are unhappy with the resolution to the grievance, you may seek the input of a more senior person to continue the grievance process. Ultimately external mediation may be involved.

If at any point you wish to withdraw a formal grievance, you may do so in writing.

Upon conclusion of the grievance proceedings, this form and associated documents will be kept in both your file and the file of the person the grievance was about for a period of two years. A copy will also be kept with the grievance register.

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| **Name**  |  | **Date** |  |
| **Position/role** |  |

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| **Outline your grievance** *(Including when an event happened, if anyone else witnessed an event or was involved, how an action or decision was detrimental and what remedy is being sought. Also include any informal resolution processes that have been undertaken. Add pages if required).* |
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| **Signature**  |  | **Date** |  |