

Appendix 4 – Form for employee to appeal against grievance outcome

Employee grievance appeal	
<p>This form is intended for use by an employee of Primecare Health LTD who wants to appeal a decision made by the company regarding a formal grievance raised by him / her.</p> <p>This form should be completed and delivered to the relevant manager referred to in the grievance outcome letter. It should be sent in an envelope marked "confidential" or sent as an email attachment with "confidential" in the subject line.</p> <p>In accordance with the company's grievance policy, the Primecare Health LTD aims to arrange a formal grievance appeal hearing with you within five working days of receipt of your grievance appeal form. If there are likely to be any delays in hearing your appeal, the company will inform you in writing of the reasons for the delay and give an indication of when you can expect your appeal to be heard.</p>	
Formal grievance appeal	
Employee's name:	
Employee's job title:	
Employee's department / sector:	
Date of your original grievance:	
Date you were given decision that you are appealing against:	
Does your grievance relate to your line manager?	Yes/No
Summary of appeal:	
<p>Please set out the grounds of your appeal (providing as much detail as possible, including any grounds for considering the grievance procedure to have been flawed, misinterpretation or lack of evidence and why you consider the outcome to have been erroneous in those circumstances). You may attach additional sheets if required.</p>	
Individuals involved in the appeal:	
<p>Please provide the names and contact details of any people involved in your appeal, including witnesses you wish to call during the appeal.</p> <p>Individual(s) grievance is against:</p>	

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Witness(s) involved:

Outcome requested from the appeal:

Please set out what outcome you would like to see from your appeal, and why and how you believe that this will resolve the issue.

Declaration:

I confirm that the above is true to the best of my knowledge, information and belief. I understand that making any false, malicious or untrue allegations may result in disciplinary action being taken against me by the company. (In the most serious cases, making false, malicious or untrue allegations can be treated as gross misconduct.)

Form completed by:

Signature:

Date:

For completion by the company:

Date form received by the company:

Name of recipient and job role:

Signature: