

Grievance procedures: Form for an employee to raise a formal grievance

Employee grievance	
<p>This form is intended for use by any employee of Primecare Health LTD who wants to make a formal complaint about the behaviour of a colleague, his / her manager or a third party, or any other workplace issue in line with the organisation's grievance policy.</p> <p>Employees should bear in mind before using this form that they can request that a matter be dealt with in an informal manner by a manager. Where the employee requests that the complaint be dealt with informally, the appropriate person (as determined by the HR service provider - Citation) will discuss the matter with the employee, with a view to resolving the matter without recourse to a formal procedure.</p> <p>Where the employee requests that the complaint be dealt with formally, this form should be completed and the organisation's grievance procedure will be invoked.</p> <p>In certain circumstances, employees can request that their complaint be kept anonymous. Where possible, the organisation will respect an employee's request for anonymity, but cannot guarantee that it will be able to do so.</p> <p>In all circumstances, this form should be completed and delivered to the relevant line manager in an envelope marked "confidential" or sent as an email attachment with "confidential" in the subject line.</p>	
Formal grievance	
Employee's name:	
Employee's job title:	
Employee's department / sector:	
Date:	
Does your grievance relate to your line manager?	Yes/No
Summary of complaint:	
<p>Please set out the details of your complaint (providing as much detail as possible, particularly dates, times, locations and the identities of those involved). You may attach additional sheets if required.</p>	
Individuals involved in the alleged incident/complaint:	

Appendix 1

Please provide the names and contact details of any people involved in your complaint, including witnesses.

Individual(s) grievance is against:

Witness(es) involved:

Outcome requested:

Please set out how you would like to see your complaint dealt with, and why and how you believe that this will resolve the issue.

Declaration:

I confirm that the above statements are 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:	
For completion by the company:	
Date form received by the company:	
Name of recipient and job role:	
Signature:	