**STAFF GRIEVANCE FORM**

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| **Staff member’s Details:** | | | | | | | | | | | | | | |
| **Title** |  | | **Surname** |  | | | | | | | **First names** | | |  |
| **Staff number** | | |  | | | | **Department/Division** | | | |  | | | |
| **Job Title:** | | |  | | | | | | | | | **e-mail** | |  |
| **Work telephone no** |  | | | | | **Cellphone no** | | |  | | | | | |
| **Details of grievance** | | | | | | | | | | | | | | |
| **Date on which latest incident happened** | |  | | | **Grievance against which person/s** | | | | |  | | | | |
| **Nature of grievance (describe latest incident).**  **Please note where the latest incident reflects a pattern of incidents in the past and the complainant wishes to include this information, this should also be provided here.** | |  | | | | | | | | | | | | |
| **Desired settlement.** | |  | | | | | | | | | | | | |
| **Date of form submitted to HoD/line manager or if grievance against HoD/line manager, then to next reporting line** | | | | |  | | | **Signature of complainant** | | | | |  | |

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| **Stage 1 resolution** | | | | | | | | | | | | |
| **Name of person handling grievance** | | | |  | | **Designation** | | |  | | | |
| **Date of first meeting (ideally within 7 working days of complaint documentation having been received)** | | | | | | | | |  | | | |
| **Discussion details** | | | |  | | | | | | | | |
| **Resolution/outcome** | | | |  | | | | | | | | |
| **Signature of person handling grievance** | | | |  | | **Date of completion of this documentation** | | |  | | | |
| **Complainant Response** | | | | | | | | | | | | |
| **I am satisfied with the outcome of this grievance** | |  | | | **I am NOT satisfied with the outcome of this grievance** | | | | | | |  |
| **Reasons for continued dissatisfaction (to be completed by the complainant or as told to the person handling the grievance)** | |  | | | | | | | | | | |
| **Other Party Response** | | | | | | | | | | | | |
| **I am satisfied with the outcome of this grievance** | |  | | | **I am NOT satisfied with the outcome of this grievance** | | | | | | |  |
| **Reasons for continued dissatisfaction** | |  | | | | | | | | | | |
| **I wish this matter to be referred to the next stage** | | **YES** | | | **NO** | | | | | | | |
| **Copies to go to** | **HR Generalist** | | **Staff member laying complaint** | | | | | **Other party** | | | **HoD** | |
| **Date received by the HR Generalist** | |  | | | | | **Name of HR generalist** | | |  | | |
| **Signature of HR Generalist** | | | | | | |  | | | | | |

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| **Stage 2 Resolution** | | | | | | | | | | | | | | | |
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| **Stage 3 Resolution** | | | | | | | | | | | | | | | |
| **Name of person handling grievance** | | | | |  | | | **Designation** | | | |  | | | |
| **Date of first meeting (ideally within 10 working days of complaint documentation having been received)** | | | | | | | | | | | |  | | | |
| **Discussion details** | | | | |  | | | | | | | | | | |
| **Resolution/outcome** | | | | |  | | | | | | | | | | |
| **Signature of person handling grievance** | | | | |  | | | **Date of completion of this documentation** | | | |  | | | |
| **Complainant Response** | | | | | | | | | | | | | | | |
| **I am satisfied with the outcome of this grievance** | | | |  | | | **I am NOT satisfied with the outcome of this grievance** | | | | | | | |  |
| **Reasons for continued dissatisfaction (to be completed by the complainant or as told to the person handling the grievance)** | | | |  | | | | | | | | | | | |
| **I wish this matter to be referred to the next stage** | | | | **YES** | | | | | | | **NO** | | | | |
| **I wish to use the following mechanisms** | | | | **Committee** | | | | | | | **Independent mediator** | | | | |
| **Other Party Response** | | | | | | | | | | | | | | | |
| **I am satisfied with the outcome of this grievance** | | |  | | | **I am NOT satisfied with the outcome of this grievance** | | | | | | | | |  |
| **Reasons for dissatisfaction** | | |  | | | | | | | | | | | | |
| **Copies to go to** | **HR Generalist** | **Staff member laying complaint** | | | | | | | **Other party** | | | | **HoD** | | |
| **Date received by the HR Generalist** | | | |  | | | | | | **Name of HR generalist** | | | |  | |
| **Signature of HR generalist** | | | |  | | | | | | | | | | | |

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| **Stage 4 Resolution** | | | | | | | | | | | | | | | |
| **Committee** |  | | **Mediator** | | |  | | **If mediator, name of person** | | | |  | | | |
| **Date of first meeting (ideally within 10 working days of complaint documentation having been received)** | | | | | | | | | | | |  | | | |
| **Discussion details** | | | | | |  | | | | | | | | | |
| **Resolution/outcome** | | | | | |  | | | | | | | | | |
| **Signature of person handling grievance** | | | | | |  | | **Date of completion of this documentation** | | | |  | | | |
| **Complainant Response** | | | | | | | | | | | | | | | |
| **I am satisfied with the outcome of this grievance** | | | | |  | | **I am NOT satisfied with the outcome of this grievance** | | | | | | | |  |
| **Reasons for continued dissatisfaction (to be completed by the complainant or as told to the person handling the grievance)** | | | | |  | | | | | | | | | | |
| **I wish this matter to be referred to the next stage** | | | | | **YES** | | | | | | **NO** | | | | |
| **Other Party Response** | | | | | | | | | | | | | | | |
| **I am satisfied with the outcome of this grievance** | | | | |  | | | **I am NOT satisfied with the outcome of this grievance** | | | | | | |  |
| **Reasons for dissatisfaction** | | | | |  | | | | | | | | | | |
| **Copies to go to** | | **IR+EE Specialist** | | **Staff member laying complaint** | | | | | | **Other party** | | | | **HoD** | |
| **Date received by the IR&EE Specialist** | | | | |  | | | | **Signature of IR&EE Specialist** | | | |  | | |

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| **Stage 5 Resolution** | | | | | | | | | | | |
| **Name of person handling grievance** | | | |  | **Designation** | | | | |  | |
| **Date of first meeting (ideally within 10 working days of complaint documentation having been received)** | | | | | | | | | |  | |
| **Discussion details** | | | |  | | | | | | | |
| **Resolution/outcome** | | | |  | | | | | | | |
| **Signature of person handling grievance** | | | |  | **Date of completion of this documentation** | | | | |  | |
| **Complainant Response** | | | | | | | | | | | |
| **I am satisfied with the outcome of this grievance** | | |  | | **I am NOT satisfied with the outcome of this grievance** | | | | | |  |
| **Reasons for continued dissatisfaction (to be completed by the complainant or as told to the person handling the grievance)** | | |  | | | | | | | | |
| **Please note that there are no longer any internal mechanisms for resolution. Should the complainant wish to take this further, processes external to the University would need to be used.** | | | | | | | | | | | |
| **Other Party Response** | | | | | | | | | | | |
| **I am satisfied with the outcome of this grievance** | | |  | | **I am NOT satisfied with the outcome of this grievance** | | | | |  | |
| **Reasons for dissatisfaction** | | |  | | | | | | | | |
| **Copies to go to** | **IR+EE Specialist** | **Staff member laying complaint** | | | | **Other party** | | | **HoD** | | |
| **Date received by the IR&EE Specialist** | | |  | | | | **Signature of IR&EE Specialist** |  | | | |