**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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| **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** |
| **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 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**  |  |