**FORM**

**GRIEVANCE PROCEDURE FORM**

*This section to be completed by the* ***employee***

**Name of employee:**

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**Department and Designation:**

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**Name of representative (if applicable):**

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**Nature of grievance(s):**

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**Suggested resolution of grievance(s)/ desired outcome:**

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Signature of **employee** Date

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Signature of **employee representative** Date

**FORM**

**GRIEVANCE PROCEDURE FORM**

*This section to be completed by* ***Manager***

**Name of employee:**

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**Department and Designation:**

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**Nature of grievance(s):**

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**Outcome of investigation/ Solution proposed:**

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Signature of supervisor Date

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Signature of employee(s) Date

**FORM**

**GRIEVANCE PROCEDURE FORM**

*This section to be completed by the* ***Divisional Executive***

Outcome:

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If after discussion, the outcome of settlement is acceptable to the **employee** the following signatures are required:

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Signature of **employee** Signature of divisional executive

If settlement is not reached the **manager** should state the reason(s): (Attach additional documentation if necessary)

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Signature of divisional executive Date

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Signature of **employee(s)** Date

**FORM**

**GRIEVANCE PROCEDURE FORM**

*This section to be completed by the* ***PEO***

Outcome:

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Signature of PEO or nominee:

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If after discussion, the outcome of settlement is acceptable to the **employee** the following signatures are required:

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Signature of **employee** Signature of PEO

If settlement is not reached the PEO should state the reason(s): (Attach additional documentation if necessary)

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Signature of PEO or nominee Date