**Staff Grievance Form**

Confidential Document – For Internal Use Only

**Section 1: Employee Information**

|  |  |
| --- | --- |
| **Field** | **Description** |
| Full Name |  |
| Job Title |  |
| Department |  |
| Employee ID |  |
| Contact Number |  |
| Email Address |  |

**Section 2: Grievance Submission**

|  |  |
| --- | --- |
| **Field** | **Description** |
| Date of Event |  |
| Date of Submission |  |
| Nature of the Issue |  |
| Desired Resolution |  |
| Previous Attempts to resolve |  |

**Section 3: Declaration by Employee**

I confirm that the information provided is accurate and submitted in accordance with the Staff Grievance Procedure. I understand that the administrator will review this grievance and respond in writing within two working days, unless exceptional circumstances require additional time.

|  |  |
| --- | --- |
| **Signature** | **Date** |
|  |  |

**Section 4: Manager’s Review & Response**

|  |  |
| --- | --- |
| **Field** | **Description** |
| Date Received |  |
| Review Summary |  |
| Decision / Action Taken |  |
| Additional Notes |  |

**Section 5: Manager’s Declaration**

I confirm that this grievance has been reviewed in accordance with the Staff Grievance Procedure and that the response has been communicated to the employee.

|  |  |  |  |
| --- | --- | --- | --- |
| **Manager Name** | **Position** | **Signature** | **Date** |
|  |  |  |  |