Insert organisation name/logo]

grievance management form

|  |  |  |
| --- | --- | --- |
| **Name of person reporting grievance (complainant)** |  | |
| **Name of respondent** |  | |
| **Name of staff member handling the grievance** |  | |
| **Date of receiving the grievance** |  | |
| **Grievance form attached?** | **□ Yes □ No** | |
| **Describe the grievance** | | |
|  | | |
| **Respond to complainant within 5 working days?** | | **□ Yes □ No** |
| **Inform respondent within 10 working days?** | | **□ Yes □ No** |
| **Is respondent’s response attached?** | | **□ Yes □ No** |
| **What resolution actions have been undertaken?** | | |
|  | | |

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| --- | --- | --- | --- | --- |
| **Proposed and actual resolution** | | | | |
|  | | | | |
| **Outcomes of this resolution, any further actions** | | | | |
|  | | | | |
| **Name of complainant** |  | | | | |
| **Complainant signature** |  | | **Date** |  | |
| **Name of respondent** |  | | | | |
| **Respondent signature** |  | **Date** | |  | |

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| **Staff member managing the grievance** |  | | |
| **Position** |  | | |
| **Signature** |  | **Date** |  |

|  |  |
| --- | --- |
| **Follow up** | |
| **One month follow up date** |  |
| **Grievance reopened date** |  |
| **Follow up closure date** |  |

|  |  |  |  |
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| **Any further actions required?** |  | | |
| **Staff member managing the grievance** |  | | |
| **Position** |  | | |
| **Signature** |  | **Date** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Closure** | | | | |
| **Grievance closure date** |  | | | |
| **Name of complainant** |  | | | |
| **Complainant signature** |  | | **Date** |  |
| **Name of respondent** |  | | | |
| **Respondent signature** |  | **Date** | |  |