

SCHOOLS HUMAN RESOURCES SERVICE

FORMAL GRIEVANCE FORM

You and your job	
Full Name:	
Job title:	
Department:	
Issues and people involved	
I feel I have been treated unfairly or wrongly as a result of - (Please tick any appropriate box)	
the conduct of one or more people	<input type="checkbox"/>
a management decision	<input type="checkbox"/>
some other substantial reason	<input type="checkbox"/>
Please give the following information about any people directly involved	
Name:	Job Title:
Name:	Job Title:
Name:	Job Title:
Name:	Job Title:
Describe any incidents	
Date:	

APPENDIX 1

Date:	
Date:	
Action already taken	
<p>Briefly describe any actions you have taken to resolve the problem (for example, raising it with the person/people concerned, another person, informal etc.)</p>	
Remedy sought	
<p>Briefly describe what you want to happen how that you have raised the issue and how you feel matters can be put right:</p>	