**Grievance submission form**

**Name: Director or service area:**

**Manager: Job title:**

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| Give details of your grievance  Include any relevant dates, times of events and names of any witnesses. |

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| Give details of any action taken so far to resolve the grievance.  Include who by and any result. |

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| What outcome do you require to resolve your grievance? |

Signed ……………………………………………...…. Date ………………………………..

Submit this form to your manager. If the matter concerns your manager submit the form to their line manager.