

GRIEVANCE FORM

**PLEASE READ THE FOLLOWING INSTRUCTIONS BEFORE COMPLETING
THE FORM**

1. This form must be used to lodge a grievance (excluding an alleged unfair dismissal) when you are dissatisfied with an official act or omission and you have been unable to resolve the problem by using informal discussion.
2. You have to lodge your grievance within 90 days from the date on which you became aware of the official act or omission which adversely affects you.
3. You may be assisted or represented by a fellow employee or a representative or official from a recognised trade union.
4. It is important to complete all information accurately. When the form is completed, it must be given to the employee designated to facilitate grievances at your institution. The department will attach this form to the grievance documentation and it will be used through all stages of the grievance procedures.
5. At each stage where a person within the relevant structure of authority attempts to resolve the grievance, each party will complete the appropriate part of the form. You will be given an opportunity to respond to each and every comment.
6. At the conclusion of each stage of the grievance procedure, the department will provide you with a copy of the completed form,
7. Once the grievance has been resolved, you do not need to complete the rest of the form. The Human Resources Section of your department will then file the form. It will then be used to report statistics to the Public Service Commission annually.
8. You are required to complete Parts A and B of this form and to then hand it to the employee designated to facilitate grievances at your institution. The employee will affix his/her signature in the block below part B of the form to indicate that the grievance has been received. Ensure that you receive a copy of the form where receipt of your grievance has been acknowledged.
9. Part C of the grievance form will be completed by the employer and yourself during the various stages where attempts will be made to resolve the grievance.

.PART A: PERSONAL INFORMATION

To be completed by aggrieved employee:

Initials and Surname :

PERSAL number :

Employing department :

Directorite - :

R a n k / D e s i g n a t i o n

Date on which you became aware of the official act or omission :

Contact numbers : Tel No Fax No:

Name of representative (where applicable):

Contact numbrs of ltyres entative : Tel Nu: Tra: No:

Nanic of trade union (where applicable)

Contact numbers of trade union : Tel No: Fax No:

PART B: DETAILS OF GRIEVANCE

To be completed by aggrieved employee:

What are you aggrieved about (if space below is not enough, please attached additional page(s)):

Multiple empty lines for providing details of the grievance.

What solution do you propose:

Multiple empty lines for proposing a solution.

SIGNED:

EMPLOYEE

DATE

Receipt of grievance form acknowledged and copy given to aggrieved employee

DESIGNATED EMPLOYEE DATE

Name:

Rank:

PART C: GRIEVANCE RESOLUTION: LEVELS

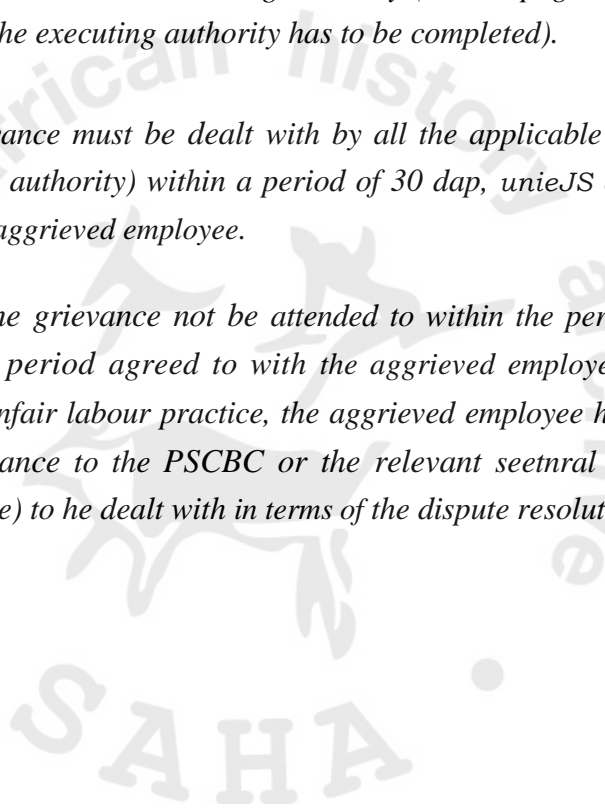
NOTES:

This part of the form makes provision for various levels of authority to attempt to resolve the dispute. There are, however, no prescribed levels for the resolution of grievance. Depending on the circumstances, one or more pages below need to be completed.

If the grievance cannot be resolved up to level nrheorl of department, it has to be Submitted to the executing authority (i.e. the page below that specifically refers to the executing authority has to be completed).

The grievance must be dealt with by all the applicable level s (including the executing authority) within a period of 30 dap, unieJS extended by agreement with the aggrieved employee.

Should the grievance not be attended to within the period of 30 days (or an extended period agreed to with the aggrieved employee), in the case of an alleged unfair labour practice, the aggrieved employee has the right to submit the grievance to the PSCBC or the relevant seetnral council (whichever is applicable) to be dealt with in terms of the dispute resolution procedures.



LEVEL: ' . - . ----- (Part C continued)

(Indicate official relationship to a grievor/employee - as supervisor, head of department)

To be completed on behalf of employer

Nano .

Designation .

Telephone No .

F a x N o .

Was grievance resolved? Yes No

If yes, give details of agreement (if the space below is not enough please attached additional page(s))

.. ,

SIGNED:

ON BEHALF OF EMPLOYER DATE

To be completed by employee

Was grievance resolved? Yes No

Do you have any comments?

SIGNED:

EMPLOYEE DATE

LEVEL EXECUTING AUTHORITY		(Part-C continued)
<i>To be completed by executing authority</i>		
Decision in respect of grievance and reasons for decision (please attached additional page(s) if necessary)		
SIGNED:		
EXECUTING AUTHORITY		DATE
<i>To be completed by aggrieved employee</i>		
Was grievance resolved?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If no, please explain ivhy you are still dissatisfied:		
SIGNED:		
EMPLOYEE		DATE
<i>Do you want the grievance to be referred to the Public Service Commission? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></i>		

