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| Grievance Appeal Form | | | | | |
| **Guidance** | | | | | |
| Please refer to the [Grievance Policy](https://www.ed.ac.uk/human-resources/policies-guidance/a-to-z-of-policies-and-guidance) before completing this Form.  This form should be completed if you do not feel that your grievance has been resolved satisfactorily. | | | | | |
| **Section 1: Personal Details** | | | | | |
| Name: |  | Contact Number/email: | |  | |
| Employee Number: |  | School/Department: | |  | |
| Location: |  | Job Title: | |  | |
| **Section 2: Grievance Hearing Details** | | | | | |
| Date of your grievance hearing: | |  | | | |
| Date you received written notification of the grievance outcome: | |  | | | |
| **Section 3: Summary of Appeal** | | | | | |
| Please explain why you think the outcome of your grievance is wrong or unfair, or why any action or measures taken to resolve your grievance are inappropriate.  Click or tap here to enter text. | | | | | |
| **Section 4: Proposed Resolution** | | | | | |
| Explain what outcome you would like to see from your appeal and how this will resolve your concern.  Click or tap here to enter text. | | | | | |
| **Section 5: Declaration and Signature** | | | | | |
| **I confirm that the information I have provided is true and accurate.** | | | | |  |
| Signature (or Print Name): | | | Date (dd/mm/yyyy): | | |
| You must submit this form to your Head of HR within two calendar weeks of receiving the written notification of the outcome of your grievance. (For contact details visit our [HR Contacts page](https://www.ed.ac.uk/human-resources/about)).  **Please note that if your appeal relates to a grievance about another person they will be given a copy of this form.** | | | | | |