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| Grievance 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 have a work related concern that you are seeking to resolve.You should not complete this form if your concern:* relates to events that took place over 3 months ago (unless there are exceptional reasons)
* relates to another University policy which has an in-built appeals process
* is trivial or vexatious (i.e. is unreasonable, groundless or untrue),

as it is unlikely to be taken forward. |
| **Section 1: Personal Details** |
| Name: |       | Contact Number/email: |       |
| Employee Number: |       | School/Department : |       |
| Location: |       | Job Title: |       |
| **Section 2: Your Grievance**Please provide a concise description of your grievance and be as specific as possible. **Please bear in mind that if your concern relates to the conduct, i.e. behaviour of another person they will be given a copy of this form.** |
| When did the issue/incident causing you concern first occur? If a series of events please provide dates. | Click or tap here to enter text. |
| If the issue/incident occurred more than 3 months ago, what are the reasons for not raising it before now?  | Click or tap here to enter text. |
| Have you tried to resolve the matter informally? Please also ensure you complete Section 4 below. | Yes |[ ]  No |[ ]
| If applicable, complete the below if your grievance relates to the conduct of another person.  |
| Who is your complaint about? What is their relationship to you e.g. manager, colleague? | Click or tap here to enter text. |
| Briefly describe your grievance (what are the key issues?) | Click or tap here to enter text. |
| Were there witnesses to the incident/issue?  | Yes |[ ]  No |[ ]
| If yes, provide the names of potential witnesses.  | Click or tap here to enter text. |

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| If applicable, complete the below if your grievance relates to a breach of University policy, procedure or your terms and conditions of employment.  |
| Which University policy, procedure or employment term do you believe has been breached?  | Click or tap here to enter text. |
| Briefly describe your grievance (what are the key issues?) | Click or tap here to enter text. |
| Were there witnesses to the alleged policy breach?  | Yes |[ ]  No |[ ]
| If yes, provide the names of potential witnesses.  | Click or tap here to enter text. |
| **Section 3: Personal Impact** |
| Has this issue/incident affected you personally?  | Yes |[ ]  No |[ ]
| If yes, briefly describe the personal detriment you have suffered/ the impact for you? | Click or tap here to enter text. |
| If you have not suffered personal detriment why do you think this issue needs to be considered? | Click or tap here to enter text. |
| Are you reporting a concern as a witness/observer? | Yes |[ ]  No |[ ]
| **Section 4: Steps taken to resolve your concerns**If you have not already tried to resolve your concerns on an informal basis, your manager may discuss this as an alternative to proceeding with your formal grievance.  |
| If you have already tried to resolve matters on an informal basis, what was the outcome? Why has this not resolved matters for you? | Click or tap here to enter text. |
| If you have not tried to resolve matters on an informal basis, briefly explain why not. | Click or tap here to enter text. |
| **Section 5: Proposed Resolution**Please consider carefully the outcome you are looking for, i.e. what would resolve your concern. If you do not provide this, we are unlikely to be able to progress your grievance.  |
| Briefly describe what would resolve your grievance. Click or tap here to enter text. |

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| **Section 6: Additional Documentation** |
| If relevant, list any additional documents you are submitting with this grievance form:Click or tap here to enter text. |
| **Section 7: 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 manager unless they are the subject of your grievance. In that case you should send the form to their manager.  |
| The manager who receives this form will discuss its content with their HR Partner before responding to you.  |