

COLLECTIVE GRIEVANCE FORM

To be sent to the Director of HR Services (or nominee)

State whether the grievance is (i) Informal or (ii) Formal

Personal Details

Name of the trade union representative (s)
member raising the grievance:

School/Service:

Telephone number:

Details of Grievance

My ongoing grievance is against:

On behalf of (name the staff):

My original grievance was made for the following reason (please use the box below):

I wish the outcome (s) of my previous grievance hearing to be reviewed for the following reasons (please use the box below)

Outcome (s) sought

We seek the following outcome to the collective Grievance (please use the box below):

Signed:

Date: