



Grievance Policy Appendix 2

Dyddiad Cymeradwyo a Dyddiad Adolygu
Date Approved and Review Date

*Gweler Cynllun Adolygu Polisiau
See Policy Review Timetable*

Grievance Outcome Appeal Notification

This form must be used by individual employees or groups of employees and / or their employee representatives to appeal against the decision made as a result of the outcome of a Grievance Meeting.

In all circumstances, this form should be completed and delivered to an appropriate member of staff (Headteacher/Designated Manager or Chair of Governors) in an envelope marked "Confidential" or sent as an email attachment with "Confidential" in the subject line.

Employee's Name:

Employee's Job Title:

Employee's School:

Date Appeal Submitted:

Reasons for dissatisfaction with the grievance outcome:

Please state the reason(s) why you are dissatisfied with the outcome of the Grievance Meeting.

Outcome Requested

Please set out what you are seeking as an outcome to your grievance appeal and why and how you believe this will resolve the issue.

Form Completed By:

Signature:

For Completion by the School

Date Form Received:

Date Acknowledged:

Name of Recipient and Job Role:

Signature: