

## 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 dismissed 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 recognized union.
4. It is important to complete all information accurately. When the form is completed, it must be given to the designated employee to facilitate at your institution. The department will attach this form to the grievance documentation and it will be used through all stages of grievance procedures.
5. At each stage where a person within the relevant structure of authority attempt 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 grievance procedure, the department will provide you with the copy of the completed form.
7. Once the grievance has been resolved, you do not need to complete the rest of the form. Human Resources Section of your department will file the form. It will then be used to report statistics to the Public Service Commission annually.
8. You are required to complete part A and B of this form, and then hand it to the Designated employee who facilitates 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.

# GRIEVANCE FORM

## PART A: PERSONAL INFORMATION

To be completed by aggrieved employee:

Initials and Surname \_\_\_\_\_

Persal number \_\_\_\_\_

Employing Department: \_\_\_\_\_

Directorate \_\_\_\_\_

Rank/Designation \_\_\_\_\_

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

Contact numbers: Tel No: \_\_\_\_\_ Fax No: \_\_\_\_\_

Name of representative (where applicable): \_\_\_\_\_

Contact numbers of representative: Tel No: \_\_\_\_\_ Fax No: \_\_\_\_\_

Name of trade union (where applicable): \_\_\_\_\_

Contact numbers of trade union: \_\_\_\_\_

## PART B: DETAILS OF GRIEVANCE

To be completed by aggrieved employee:

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

What solution do you propose?

Signed: \_\_\_\_\_

Employee: \_\_\_\_\_

Date: \_\_\_\_\_

Designated employee: \_\_\_\_\_

Date: \_\_\_\_\_

Rank: \_\_\_\_\_

**PART C: GRIEVANCE RESOLUTION: LEVELS**

- This part of form makes provision for various levels of authority to attempt to resolve the dispute. There are however no prescribed levels for the resolution of a grievance. Depending on the circumstances, one or more pages below need to be completed.
- If the grievance cannot be resolved up to up to level of Superintendent General, 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 levels (including the executing authority) within a period of 30 days, unless 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 sectoral council whichever is applicable to be dealt with in terms of the dispute resolution procedures.

Level: .....  
Indicate official relationship to aggrieved employee- e.g. supervisor, head of the component, SUPERINTENDENT - GENERAL.

To be completed on behalf of employer:

Name: \_\_\_\_\_  
Designation: \_\_\_\_\_  
Tel No: \_\_\_\_\_  
Fax No: \_\_\_\_\_

Was grievance resolved? Yes/No  
If yes, give details of agreement (if the space below is not enough please attach additional page(s))  
.....  
.....  
.....

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_  
ON BEHALF OF EMPLOYER:

To be completed by employee  
Was grievance resolved? Yes/No  
Do you have any documents?

.....  
.....  
.....

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_  
EMPLOYEE:

**Receipt of grievance form form acknowledged and copy given to aggrieved employee**

DESIGNATED EMPLOYEE: \_\_\_\_\_ DATE: \_\_\_\_\_