**Sample Grievance Lodgement Form**

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| **Date** : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **To**  : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(Name of Grievance Handler)* Dept : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **From** : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(Name of Employee)*  Dept : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| *Nature of Grievance / Complaint:*  ***What (Subject):***  ***When (Time/Date of Incident):***  ***Where (Location of Incident):***  ***Who: (People involved/Witness if any)***  ***How: (Describe How it happened)***  *Immediate Supervisor to respond by (date):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| Reason(s) for escalating this grievance\* (*tick where applicable*):  *\*If grievance was not handled within the first level*  Received no response within the time lag by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(Name)*  Grievance not addressed to my satisfaction by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(Name)*  Any other reasons (please specify): |