**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): |