

STRONGER together



GRIEVANCE PROCEDURE

CONFIDENTIAL FORM GRP2

STAGE 2 – Grievance Appeal

NB: This form should only be completed by an employee whose grievance remains unsatisfactorily resolved having concluded informal discussions and Stage 1 of the Grievance Procedure.

Name
Service Area
Job Title

I wish to appeal against the decision reached under Stage 1 of the Council's Grievance Procedure for the following reasons:

I will/will not* be accompanied at the meeting to be held in accordance with Stage 2 of the grievance procedure

I will be accompanied by

In their capacity as

(e.g. colleague, trade union representative)

Equality and Diversity

I require the following reasonable adjustments to enable me to fully participate in the grievance meeting.

Signed _____ **Date** _____

NOTES (1) This whole form must be sent to Human Resources within 10 working days of receiving written confirmation of the outcome of Stage 1.

(2) Please retain a copy when completed

* Delete as appropriate