



INFORMAL GRIEVANCE RECORD

EMPLOYEE NAME:		PAY NUMBER:	
LOCATION:		GRADE:	
JOB TITLE:		TEAM:	
MANAGER NAME:			

GRIEVANCE DETAILS
The nature of the informal grievance
Summary of key points discussed
Employee's preferred outcomes and agreed actions:

EMPLOYEE SIGNATURE:		DATE:	
MANAGER SIGNATURE:		DATE:	



FORMAL GRIEVANCE FORM

PERSONAL DETAILS			
NAME:		PAY NUMBER:	
LOCATION:		GRADE:	
JOB TITLE:		TEAM:	
CONTACT NO.		CONTACT EMAIL:	
CONTACT ADDRESS:			

FORMAL GRIEVANCE DETAILS

Please provide the specific details of your Grievance (attaching any relevant documents or evidence to support your grievance and names of witnesses):



ATTEMPTS AT INFORMAL RESOLUTION

[Empty space for recording attempts at informal resolution]

PROPOSED RESOLUTION

[Empty space for recording proposed resolution]

SIGNATURE:	DATE:
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GRIEVANCE INVESTIGATION REPORT

EMPLOYEE NAME:		ID NUMBER:	
LOCATION:		GRADE:	
JOB TITLE:		TEAM:	
CONTACT NO.		CONTACT EMAIL:	

INVESTIGATING MANAGER:		ID NUMBER:	
CONTACT NO.		CONTACT EMAIL:	
DATE INVESTIGATION BEGAN:		CASE REF NO: (gain from MY HR Help)	

INTRODUCTION

(State the specific grievance complaint being investigated).

METHODOLOGY

(Explain who was interviewed as part of the investigation and any other documentation that has been reviewed).

FINDINGS

(A summary of the key findings and facts of the case. It is important for investigating managers to separate fact from comments and personal perceptions).



RECOMMENDATIONS

(A list of recommendations following grievance investigation).

MANAGER SIGNATURE:	DATE:
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Please ensure you upload a copy to [My HR Help](#).



GRIEVANCE APPEAL FORM

PERSONAL DETAILS

NAME:		PAY NUMBER:	
LOCATION:		GRADE:	
JOB TITLE:		TEAM:	
CONTACT NO.		CONTACT EMAIL:	
CONTACT ADDRESS:			
I WISH TO APPEAL AGAINST A DECISION MADE BY?			
DATE GRIEVANCE DECISION WAS CONFIRMED: (Date of outcome letter from manager)			

GRIEVANCE APPEAL DETAILS

Please explain in full the reasons why you want to appeal against the decision made:

Are there any relevant matters which you believe have not been taken into account in the decision made:



Are there any additional points that you want to draw to the attention of the manager hearing the appeal?

Please list any additional documentation attached to support your appeal:

SIGNATURE:	DATE:
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You should notify your second line manager (grievance hearing manager) of your intention to appeal the grievance outcome and complete and send this form to HR.appeals@postoffice.co.uk no later than 5 working days after receiving written notification of the grievance outcome.



GRIEVANCE APPEAL REPORT

EMPLOYEE NAME:		ID NUMBER:	
LOCATION:		GRADE:	
JOB TITLE:		TEAM:	
CONTACT NO.		CONTACT EMAIL:	
CONTACT ADDRESS:			

APPEAL MANAGER:		ID NUMBER:	
CONTACT NO.		CONTACT EMAIL:	
DATE APPEAL RECEIVED:		CASE REF NO: (gain from MY HR Help)	

INTRODUCTION

Explain grievance outcome being appealed and the reasons for appeal.

METHODOLOGY

Explain who was interviewed as part of the appeal investigation and any other documentation that has been reviewed

FINDINGS



A summary of the key findings and facts of the case. It is important for appeal managers to separate fact from comments and personal perceptions.

DECISION

Explain the appeal decision you have reached and why.

WIDER RECOMMENDATIONS

A list of wider recommendations following investigation

APPEAL MANAGER SIGNATURE:	DATE:
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Please ensure you upload a copy to [My HR Help](#).