



Supportive Action Form



Ref:

Name of person raising grievance	
Date	
Department	
Name of person dealing with grievance	
Date	
Signature of both parties filling in form	

Detail of grievance

Please continue on a separate sheet (reference number to be put on any additional sheets)

In order that we progress this swiftly, where possible, please provide us with alternative contact details

Method of Resolution Tried

Face to face Facilitation Mediation

Name of facilitator / mediator

Date of meeting

Resolution reached? Yes No

If no:



Formal Assessment

Date sent to Corporate Support

To be completed by Corporate Support

Date acknowledged

If grievance relating to personal issues,
date sent to Diversity Unit
Grievance Assessor (name and date)

Personal Issues

Meeting date:

Attendees:

Details:

Please continue on a separate sheet, (reference number to be put on any additional sheets)

Face to Face Facilitation Mediation

Outcome:

Contractual Issues

Meeting date(s):

Attendee(s):

Details:

Please continue on a separate sheet (reference number to be put on any additional sheets)



Outcome:

Resolution reached (date)

All parties informed (date)

All grievances should be sent to Corporate Support in the first instance.