

Grievance / Complaint Lodge Form

Date : _____

To : _____ (Name) Dept : _____

From : _____ (Name) Dept : _____

Nature of Grievance / Complaint:

** (Select where applicable)*

In accordance with Article _____ of the Company Handbook on HR Policy & Procedures* OR In

accordance with Clause _____ of the Collective Agreement*, I would like to request a meeting

with you on _____ (Time), _____ (Date) at your office. In accordance with the above-

mentioned Article/Clause*, I shall have the right to appeal to the higher authority should I fail to hear

from you by _____ (Date).

Reason(s) for raising this grievance/complaint (tick where applicable):

☐ Received no response within the Time-Lag by _____ (Name)

☐ Grievance was not addressed to my satisfaction by _____ (Name)

☐ Any other reasons (Please state)

Follow-up Report of Grievance / Complaint Form

Date : _____

To : _____ (Name), HR Dept : _____

From : _____ (Name of GH), Dept : _____

Date of GH meeting : _____

Name of employee : _____, Dept : _____

Present at Meeting:

(1) _____ (Name), Dept: _____

(2) _____ (Name), Dept: _____

Nature of Grievance / Complaint discussed:

Grievance settled at meeting (Circle where applicable) Yes / No

If yes, state nature of settlement;

If no, state employee's prioritized options

1) _____

2) _____

3) _____

GH's recommendation if any:
