GRIEVANCE FORM

AGRIEVED PERSON(S)		DEPARTMENT	
NAME OF COMPANY		REPORTED TO	
OCCUPATION		CELL NO	
COMPLAINT AGAINST		POSITION	
OCCURANCE DATE	_ _/ _ _/ 202_	TIME	PLACE

DETAILS OF THE INCIDENT

It is alleged that on the _ _ of _____ 202__ ,

DO YOU HAVE WITNES(S)? ☐ **DO YOU HAVE ANY EVIDENCE TO PRESENT ?** ☐

SHOULD SAPS BE INVOLVED? ☐ **DO YOU NEED COUNSELLING?** ☐

Complainant's Signature: ……... Date: ……. Place: _____

Shop Steward's Signature: ……. Date: ……. Place: _____

COMPANY OFFICE

Received by: _____ **Position:** _____ **Date:** _____

REMARKS: _____

_____

_____

Signature: ……

AGGRIEVED MEMBERS:

We; _____ employees on our own free will, hereby affirm that the above reported complaint affect/ed us and we want actions to be taken as a matter of urgent.

We further confirm that this grievance is a decision of the collective, we instructed the writer to write it on our behalf and we shall support it as a staff sponsored motion which must be attended to without delay.

Before signing below, I read, understood the content herein and I confirm that it is correct. The purpose of this grievance is well known and no one was forced to sign because it doesn't need majority to be heard.

	Full Name	Department	**YES, In support**	**NO, Against**	**SIGNATURE**
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