

# Grievance Outcome Appeal Notification



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This form must be used by individual employees or groups of employees and / or their employee representatives to appeal against the decision made as a result of the outcome of a Grievance Meeting.

In all circumstances, this form should be completed and delivered to an appropriate member of staff (Headteacher/Designated Manager or Chair of Governors) in an envelope marked "Confidential" or sent as an email attachment with "Confidential" in the subject line.

Employee's Name:

Employee's Job Title:

Employee's School:

Date Appeal Submitted:

## Reasons for dissatisfaction with the grievance outcome:

Please state the reason(s) why you are dissatisfied with the outcome of the Grievance Meeting.

## Outcome Requested

Please set out what you are seeking as an outcome to your grievance appeal and why and how you believe this will resolve the issue.

Form Completed By:

Signature:

For Completion by the School

Date Form Received:

Date Acknowledged:

Name of Recipient and Job Role:

Signature: