

**ROYAL MAIL GROUP GRIEVANCE POLICY
Stage 2 Grievance Form**

Please complete section 1 of the form and hand it to your second Line Manager. You should then complete Section 2 and send it to the ER Operations Team (at the Freepost address shown on the form).

Your Details	
Full Name:	Pay Number:
Office Address / Work Area	
Line Managers Name	
<p>Section 1</p> <p align="center">Please provide full details of your grievance (Attach relevant documents or other evidence as appropriate).</p>	
<p>What practical steps would you like to see taken to resolve your grievance?</p>	
<p>Have you previously raised this matter with your line manager? Yes/No</p> <p>If so, please detail the outcome when you raised this grievance with your line manager and why that outcome is not satisfactory? (Attach relevant documents or other evidence as appropriate).</p>	

Version Control	Ownership	Location Stored
Approved 30/01/2012 This replaces the version dated 26/01/2010	Policy and Engagement	P&I Site Document Library

Cont...

Signed:	Date:
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Product No & Title	Version No.	Date issued	Review Date	Owner	Location Stored
Stage 2 Grievance Form	3.0	26 Jan 2010	25 Jan 2011	Group IR Director	HR Help

Cont...

Section 2 Please complete and send this form to: ER Operations Team, HR Services Sheffield, FREEPOST, 4th Floor, Pond Street, Sheffield, S98 6HR.

Your Details	
Full Name	Pay Number
Office Address /Work Area	
Line Manager's Name	
<u>Section 2</u>	
Please tick the box, which most closely reflects the nature of your grievance.	
<input type="checkbox"/> Pay & Allowances / Recognition & Reward	<input type="checkbox"/> Family friendly policy
<input type="checkbox"/> Promotion Opportunities	<input type="checkbox"/> Bullying & harassment case handling
<input type="checkbox"/> Allocation of Duties	<input type="checkbox"/> Other, please give brief details
<input type="checkbox"/> Manager's actions	_____
<input type="checkbox"/> Hours of attendance	_____
<input type="checkbox"/> Resourcing	_____
<input type="checkbox"/> Performance	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
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<input type="checkbox"/>	_____
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<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
Date:	

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