Family Link

Our mission: The provision of leisure opportunities for children and young adults with disabilities.

Employee Grievance Form

PLEASE COMPLETE THE FORM BELOW IN AS MUCH DETAIL AS POSSIBLE TO PROVIDE AN EXACT ACCOUNT OF THE OCCURANCE THAT TOOK PLACE

This form is to be used to raise any grievance related to your employment, working conditions, treatment by colleagues, or any other workplace matter. Please complete as fully as possible. All information will be treated confidentially and in accordance with Family Link's grievance procedures.

Employee Details

Name: _____
Job Title: _____
Date: _____
Employee Address: _____

Details of Grievance

Date, Time, and Location of Incident(s):

_____

_____

_____

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Description of Grievance (include names of any individuals involved and relevant details):

Policies, Procedures, or Guidelines You Believe Were Violated:

Proposed Solution or Outcome You Would Like:

Declaration

I confirm that the information I have provided is accurate to the best of my knowledge. I understand that Family Link will treat this matter confidentially and follow the grievance procedure to investigate and respond appropriately.

Employee Signature: _____ Date: _____

Line Manager / Employer Signature: _____ Date: _____

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Notes for Employees:

- You may be accompanied by a colleague or union representative at any stage of the grievance process.
- Keep a copy of this form for your records.
- The grievance will be acknowledged within 5-7 working days, and you will be informed of the next steps in the process.