**G1 - GRIEVANCE FORM STEP ONE**

(This document is confidential and shall only be distributed to the parties to the hearing and shall be held on file at Regional and National Offices. A copy of this form may only be issued, on request, to the SGL or DC in the member’s Group or District.)

**BY HAND**

GRIEVANT NAME:………………………………………………………………………………………………………………………….

WARRANT NUMBER ……………………………………………SSA MEMBERSHIP NO. (SD No.):

POSITION:…………………………………………………………. GROUP:

DISTRICT: …………………………………………………………..REGION:

DATE:…………………………………………………………….

**Nature of Member’s grievance:**

RESPONDENT NAME:………………………………..

WARRANT NUMBER . …………………………………..

POSITION:………………………………………..................GROUP:

DISTRICT: …………………………………………………………..REGION:

**Details of Grievance:**

**Solution required:**

Signed

|  |  |  |
| --- | --- | --- |
|  |  |   |
| *Member* |  | *Member’s representative* |

**RECEIVED BY MEDIATOR**

Mediators Name:……………………………………………..…….Position:………………………..……….……………

SA Membership No. (SD No.): ………………………………Warrant Number………………………………..

Signature:……………………………………………………………….Date Received ……………………………………

**MEDIATOR’S INVESTIGATION:**

**FACTS CONFIRMED:**

**SOLUTION PROPOSED:**

**REASONS FOR DECISION:**

Solution ACCEPTED/REJECTED by Complainant: ………………………………………………………………..

 *Signature* *Date*

Solution ACCEPTED/REJECTED by Respondent: …………………………………………………………………..

 *Signature Date*

If solution is rejected by either party:

The Grievance has been referred to: Name:……………………………………………………………………………………………………………………………………

Role

 As Assessor on (date) …………………………………

|  |  |  |
| --- | --- | --- |
|  |  |  |
| *Mediator (signature)* |  | *Date* |

**G2 GRIEVANCE FORM STEP TWO**

**ASSESSORS REPORT**

**FACTS AND ADDITIONAL FACTS CONFIRMED:**

**SOLUTION OFFERED:**

**REASONS FOR DECISION:**

Solution ACCEPTED/REJECTED by Complainant: ………………………………………………………………….

 *Signature Date*

Solution ACCEPTED/REJECTED by Respondent: …………………………………………………………………..

 *Signature Date*

Be aware that this is the final stage of the grievance procedure and, in the event that either party Rejects the Solution Offered, the Assessor may, at their sole discretion, implement the proposed solution or implement a modified solution.

MODIFIED SOLUTION…………………………………………………………………………………………..……………………..

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| --- | --- | --- |
|  |  |  |
| *Assessor (name & Signature)* |  | *Date* |