**Form for an employee to appeal a grievance decision**

This form is to be completed by an employee who wishes to lodge an appeal to the outcome of a grievance procedure.

When completed, please submit this form to *[insert name, job title, address etc]*.

**Strictly confidential**

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| Name of employee:  Job title:  Department:  Date of grievance outcome letter:  **Declaration**  I confirm that I wish to appeal the outcome of my recent grievance. I understand that the outcome of the appeal is the final outcome and I have no further right of appeal. |

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| **DETAILS OF APPEAL**  Please explain the nature of your appeal including any new information you have which may affect the original outcome. Please also include details on your desired outcome. |
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| Employee signature: |
| Date: |