**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**

|  |
| --- |
| 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.  |

|  |
| --- |
| **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. |
|  |

|  |
| --- |
| Employee signature: |
| Date: |