| **Notification of Formal Collective Grievance** | |
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| This form should be used where a group of colleagues wish to raise a formal grievance.  This form should only be completed if the Informal Resolution process (at Stage 1 of the Grievance Policy) does not resolve your grievance, or the nature of your complaint is not suitable for Informal Resolution and it has been deemed appropriate to move straight to Stage 2 of the Grievance Policy.  If your complaint has been considered at Stage 1, this form must be submitted to the appropriate manager **within 10 working days** of being notified in writing of the outcome. Where actions or recommendations have been made and more time is required to show whether they will be effective (in line with the timescales outlined in the informal outcome), you can agree to extend this timescale with the manager who dealt with your grievance at Stage 1.  **N.B if completing by hand please do so clearly and in black ink.** | |
| |  |  |  | | --- | --- | --- | | **Formal Collective Grievance –** Formal Procedure (Stage 2) | | | | Names, Job Title(s) and Service Area of those submitting the grievance (add additional rows if required): | | | | Name | Job Title | Service Area | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |
| |  |  |  | | --- | --- | --- | | **Formal Collective Grievance –** Formal Stage | | | | Names, Job Title(s) and Service Area of a maximum of 3 nominated spokespeople: | | | | Name | Job Title | Service Area | |  |  |  | |  |  |  | |  |  |  | | |

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| **Informal Stage (if applicable)** | | |
| **Date of Informal Resolution meeting:** |  | |
| **Name of Manager who conducted the Informal Resolution meeting:** |  | |
| **Date you were notified of the outcome of the Informal Resolution meeting:** |  | |
| **Does your grievance relate to your line manager?** | Yes/No | |
| **Representative Details** | | |
| **Name of trade union representative(s)** |  | |
| **Contact number for trade union representative(s)** |  | |
| **Will they represent you at this stage (Formal Stage 2 of the Grievance Policy)?** |  | |
| **Summary of your complaint:** | | |
| Clearly outline the details of your grievance or complaint (including any relevant facts, dates and names of individuals involved). Please enclose any relevant accompanying information or evidence with this form. | | |
| **Please also outline the actions taken so far to resolve your complaint:** | | |
| This may include details of facilitation and/or support already provided under the Informal Resolution process such as counselling, mediation, training, and/or development. | | |
| **Outcome/resolution requested:** | | |
| Please outline your preferred outcome to your formal grievance and explain why you think this outcome will resolve the issue(s) that you have experienced/are experiencing. | | |
| **Individuals involved in your complaint:** | | |
| Please provide the names and contact details of any people involved in your complaint, including witnesses. | | |
| **Declaration:** | | |
| We confirm that the above statements are true to the best of our knowledge, information, and belief. We understand that making any vexatious or malicious allegations may result in disciplinary action being taken against us by the Council. Please note that in the most serious cases, making false, vexatious, or malicious allegations can be treated as potential gross misconduct.  We confirm that we have all individually and voluntarily consented to the use of the collective grievance process and understand that the grievance will give us the right to one collective grievance meeting, one identical outcome and (if applicable), one appeal meeting and one identical outcome. | | |
| **Form completed by: (where known this should be the nominated spokespersons of the group)** | |  |
| **Signature(s) (or electronically signed):** | |  |
| **Date:** | |  |
| **Contact details:** | |  |
| **For completion by Council:** | | |
| **Date form received:** | |  |
| **Name of recipient and job role:** | |  |
| **Date recorded on Halo** | |  |
| **Signature:** | |  |