**Effective: 22 July 2020**

Grievance Lodgement Form

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| This form is to be used where a WACHS employee wishes to formally lodge a grievance about a matter relating to their employment. A grievance can only be made about a matter that is within the scope of the WA Health Grievance Resolution policy.   * Before completing this form, it is expected that you will have attempted to resolve the matter informally with the employee concerned, or through your line manager.   Please note that the focus of a grievance is on resolution of the grievance where at all possible. Ensure that you have familiarised yourself with relevant WA Health and WACHS Policies, Procedures and Guidelines. | | | | |
| **GENERAL INFORMATION** | | | | |
| Your name: | |  | | |
| Your position title: | |  | | |
| Your work location and contact details: | |  | | |
| **GRIEVANCE DETAILS** | | | | |
| If the grievance is against a person(s), please provide their name and any other contact details such as position title: | |  | | |
| Please indicate the type of grievance this is: | | Workplace communication and interpersonal conflict  Allocation of work or training and development opportunities  Changes in technology, work or location  The application of policy, practices or procedures  Administrative decisions  Issues with work processes/systems  Other: | | |
| Location(s), date(s) and time(s) of incidents | |  | | |
| Please provide a brief description of the grievance.  Include any supporting documents as attachments. | |  | | |
| Please outline what steps you have taken to resolve the issue/s. | |  | | |
| **Additional Information** | | | | |
| Please provide any additional information that is relevant to the consideration of the grievance. This may include details of other staff who may have witnessed an incident. | |  | | |
| **OUTCOME SOUGHT** | | | | |
| Please detail the resolution you are seeking (i.e. what do you believe would be required to resolve the matter e.g. counselling, written or verbal apology, training and development). | |  | | |
| **Employee Declaration** | | | | |
| I understand that there is an obligation upon me to ensure that information provided by me is factual and accurate to the best of my knowledge. I understand that the details I have provided will be maintained confidentially except where legally required to be disclosed. Please note that information included in this form may be provided in a de-identified format. I understand that a finding that a grievance has been made frivolously or vexatiously may lead to disciplinary action under the Misconduct and Discipline Policy. | | | | |
| Checklist:  Have you… | Attempted to resolve the matter informally.  Made a copy of the Grievance Lodgement Form to provide to your local Human Resources team.  Reviewed the WACHS Grievance Intranet page (including the policies and procedures). | | | |
| Signature: |  | | Date: |  |

Please retain a copy of this form for your own records.

To ensure confidentiality when sending this form, please mark it – “PRIVATE AND CONFIDENTIAL”.

Please send this form to the relevant T4 (usually a Manager) with a copy to your local Human Resources team.

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| Human Resource Office Use | |
| Date Received: |  |
| Received by: |  |
| Grievance ID: |  |

Version 2.00 Contact: A/Director HR Andrea Manley ED-CO-20-16848