



GRIEVANCE ROUTING FORM

5 Working Days at each level of grievance

****This is to attend to the grievance after Level One (speaking with person(s) involved informally)****

LEAD Notified: _____ Date: _____

Informal Discussion date: _____

RESULT: _____

RESOLVED: Yes No if no please move to Level 2, person(s) involved respond within (5 days)

LEVEL 2 (5 days to respond from date of Informal discussion)

RESPONDER: _____

RESULT: _____

Responder Signature: _____ Date: _____

RESOLVED: Yes No if no please send to the Admin team

LEVEL 3

ADMIN TEAM RESOLUTION: _____ DATE of Meeting: _____

Team Member responsible: _____

RESULT: _____

RESOLVED: Yes No

RETURN TO HR WHEN COMPLETE

