



# Supportive Action Form



Ref:

Name of person raising grievance	
Date	
Department	
Name of person dealing with grievance	
Date	
Signature of both parties filling in form	

### Detail of grievance

Please continue on a separate sheet (reference number to be put on any additional sheets)

**In order that we progress this swiftly, where possible, please provide us with alternative contact details .....**

### Method of Resolution Tried

Face to face       Facilitation       Mediation

Name of facilitator / mediator

Date of meeting

Resolution reached?      Yes       No

If no:



**Formal Assessment**

Date sent to Corporate Support

**To be completed by Corporate Support**

Date acknowledged

If grievance relating to personal issues,  
date sent to Diversity Unit  
Grievance Assessor (name and date)

**Personal Issues**

Meeting date:  
Attendees:  
Details:

Please continue on a separate sheet, (reference number to be put on any additional sheets)

Face to Face       Facilitation       Mediation

Outcome:

**Contractual Issues**

Meeting date(s):  
Attendee(s):  
Details:

Please continue on a separate sheet (reference number to be put on any additional sheets)



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Outcome:

Resolution reached (date)

All parties informed (date)

**All grievances should be sent to Corporate Support in the first instance.**