



WEST RAND DISTRICT MUNICIPALITY



GRIEVANCE FORM

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|----------------------------|--|
| NAME OF DEPARTMENT: | |
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PERSONAL DETAILS

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|---|-----------------------------------|-------|---|---|---|---|---|---|---|---|
| To be completed by employee/s (If more than one employee, attach separate sheet) | Name of Employee <i>(Print)</i> : | | | | | | | | | |
| | Employee No.: | | | | | | | | | |
| | Nature of Grievance: | | | | | | | | | |
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| | Desired Solution: | | | | | | | | | |
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| | | | | | | | | | | |
| Signature of Employee: | | Date: | C | C | Y | Y | M | M | D | D |

STEP 1

| | | | | | | | | | | | |
|---|---------------------------------------|-------|-------|---|---|---|---|---|---|---|---|
| To be completed by immediate superior within 5 working days of receipt of grievance | Name <i>(Print)</i> : | | | | | | | | | | |
| | Date Received: | | | | | | | | | | |
| | Results of Discussions with Employee: | | | | | | | | | | |
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| | Signature of Immediate Superior: | | Date: | C | C | Y | Y | M | M | D | D |
| | Comments of Employee: | | | | | | | | | | |
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| Signature of Employee: | | Date: | C | C | Y | Y | M | M | D | D | |

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Cut / Tear Along Dotted Line

CONFIRMATION OF RECEIPT OF GRIEVANCE FORM

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|--|-----------------------------|--|-------|---|---|---|---|---|---|---|
| To be completed by Immediate Superior and handed to Aggrieved Employee | Name <i>(Print)</i> : | | | | | | | | | |
| | Employee No.: | | | | | | | | | |
| | Name of Immediate Superior: | | | | | | | | | |
| | Signature: | | Date: | C | C | Y | Y | M | M | D |

STEP 2

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|--|---|-------|-------|---|---|---|---|---|---|---|---|--|
| To be completed by the Head of Department or Nominee Within 5 working days of receipt | Name (<i>Print</i>): | | | | | | | | | | | |
| | Date Received: | | | | | | | | | | | |
| | Results of Grievance Investigation and Decision of Head of Department or Nominee: | | | | | | | | | | | |
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| | Signature of Head of Department or Nominee: | | Date: | C | C | Y | Y | M | M | D | D | |
| | Comments of Employee: | | | | | | | | | | | |
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| | | | | | | | | | | | | |
| Signature of Employee: | | Date: | C | C | Y | Y | M | M | D | D | | |
| Name of Shop Steward or Union Official: | | | | | | | | | | | | |
| Signature of Shop Steward or Union Official: | | Date: | C | C | Y | Y | M | M | D | D | | |

STEP 3

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|---|--|--|-------|---|---|---|---|---|---|---|---|--|
| To be completed by Municipal Manager or Nominee within 5 working days of receipt | Name (<i>Print</i>): | | | | | | | | | | | |
| | Date Received: | | | | | | | | | | | |
| | Results of Grievance Investigation and Decision of Municipal Manager or Nominee: | | | | | | | | | | | |
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| | Signature of Municipal Manager or Nominee: | | Date: | C | C | Y | Y | M | M | D | D | |
| | Name of Shop Steward or Union Official: | | | | | | | | | | | |
| | Signature of Shop Steward or Union Official: | | Date: | C | C | Y | Y | M | M | D | D | |