

WEST RAND DISTRICT MUNICIPALITY



GRIEVANCE FORM

	u.	RIEVANCE FORM
NAME	OF DEPARTMENT:	
	D R	RSONAL DETAILS
		RSONAL DETAILS
	Name of Employee (Print): Employee No.:	
neet)		
ate sh	Nature of Grievance:	
:mployee/s tach separ		
To be completed by employee/s (If more than one employee, attach separate sheet)	Desired Solution:	
T (If more th	Signature of Employee:	Date: C C Y Y M M D D
		STEP 1
	Name (Print):	
	Date Received:	
10	Results of Discussions with Emplo	yee:
ij.		
e with		
rrior		
supe f gri		
iate ipt o		
ımed recei	Signature of Immediate Superior:	Date: C C Y Y M M D D
by in ays of	Comments of Employee:	
completed by immediate superior within 5 working days of receipt of grievance		
oe com wor		
To be		
	Signature of Employee:	Date: C C Y Y M M D D
		Cut / Tear Along Dotted Line
		TION OF RECEIPT OF GRIEVANCE FORM
d by erior to oyee	Name (Print):	
Sup ded 1	Employee No.:	
be completed mediate Super and handed to grieved Employ	Name of Immediate Superior:	
To be completed by Immediate Superior and handed to Aggrieved Employee	Signature:	Date: C C Y Y M M D D

		STEP 2									
	Name (Print):										
	Date Received:										
	Results of Grievance Investigation a	and Decision of Head o	f Department or No	min	ee:						
K											
s or recei	Signature of Head of Department or Nominee:		Date:	С	С	Y	Y	Μ	Μ	D	D
ding una	Comments of Employee:		'								
Within 5 working days of receipt											
W	Circulation of Francisco		Deter			3.7	Y	3.7	3.6	D	D
	Signature of Employee:		Date:	С	С	Y	Y	Μ	Μ	D	D
	Name of Shop Steward or Union Official:										
	Signature of Shop Steward or Union Official:		Date:	С	С	Y	Y	Μ	Μ	D	D
		STEP 3									
	Name (Print):										
	Date Received:										
,	Results of Grievance Investigation a	and Decision of Munici	pal Manager or Non	nine	e:						
d To											
0											
day											
within 5 working days of receipt	Signature of Municipal Manager or Nominee:		Date:	С	С	Y	Y	Μ	Μ	D	D
with	Name of Shop Steward or Union Official:										
	Signature of Shop Steward or Union Official:		Date:	С	С	Y	Υ	Μ	Μ	D	D