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| **Grievance Statement Form** | |
| This form is for use by employees of Queen Mary who want to make a formal complaint about the behaviour of a colleague, their manager or a third party, or any other workplace issue.  Where the employee requests that the complaint be dealt with formally, this form should be completed and the Grievance Resolution Policy and Procedure will be followed.  Once completed this form should be submitted to their HR Adviser or a senior manager within the employee’s Faculty/School/Institute/Department, either in hard copy or by e-mail.  The University treats personal data collected during the grievance procedure in accordance with its [data protection policy](http://www.arcs.qmul.ac.uk/governance/information-governance/data-protection/). Information about how your data is used and the basis for processing your data is provided in the University’s [privacy notice](https://www.qmul.ac.uk/privacy/). | |
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| **Employee's name:** |  |
| **Employee's job title:** |  |
| **Employee's department:** |  |
| **Date:** |  |
| **Does your grievance relate to your line manager?** | Yes/No |
| **Have you previously raised a formal grievance regarding the same complaint?** | Yes/No  If yes, on what date: |
| **Summary of complaint:** | |
| Please set out the details of your complaint (providing as much detail as possible, particularly dates, times, locations and the identities of those involved). You may attach additional sheets if required. | |
| **Individuals involved in the alleged incident/complaint:** | |
| Please provide the names and contact details of any people involved in your complaint, including witnesses. | |
| **Outcome requested:** | |
| Please set out how you would like to see your complaint dealt with, and why and how you believe that this will resolve the issue. | |
| **Declaration:** | |
| I confirm that the above statements are true to the best of my knowledge, information and belief. I understand that making any false, malicious or untrue allegations may result in disciplinary action being taken against me. | |
| **Form completed by (print name):** |  |
| **Signature:** |  |
| **For completion by the University:** | |
| Date form received by the manager: |  |
| Name of recipient and job role: |  |
| Signature: |  |