|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  | School: |  |
| Post Title: |  |  |  |
| Please state clearly why you are dissatisfied with the decision made at Stage 1 and you continue to feel aggrieved (continue on separate sheet if necessary). Your appeal must relate solely to the your original grievance: |
| What solution are you seeking? |
| Please provide the following information for consideration by the Employee Grievance Panel: * Copy of your Stage 1 Formal Grievance form Appendix 1
* Copies of all relevant documentation relating to your grievance.
 |
| Please confirm the name of your Trade Union representative or work colleague who will accompany you along with the names of any witnesses you would like to be called on your behalf: |
| *Employees should be aware that their personal information including possible sensitive information will be shared with their nominated representative unless their permission is formally withheld.* |
| Signed: |  | Date: |  |

# APPENDIX 3 – STAGE 2 FORMAL GRIEVANCE APPEAL FORM