

Annexure G.1

GRIEVANCE FORM**PLEASE READ THE FOLLOWING INSTRUCTIONS BEFORE COMPLETING THE FORM**

1. This form must be used to lodge a formal grievance (excluding an alleged unfair dismissal) when you are dissatisfied with an act or omission and you have been unable to resolve the problem by using informal discussion.
2. You have to lodge your grievance within 90 days from the date on which you became aware of the act or omission which adversely affects you.
3. You may be assisted or represented by a fellow educator or a representative or official from a recognised trade union.
4. It is important to complete all information accurately. When the form is completed, it must be given to the person designated to facilitate grievances at your institution. The department will attach this form to the grievance documentation and it will be used through all stages of the grievance procedures.
5. At each stage where a person within the relevant structure of authority attempts to resolve the grievance, each party will complete the appropriate part of the form. You will be given an opportunity to respond to each and every comment.
6. At the conclusion of each stage of the grievance procedure, the head or supervisor will provide you with a copy of the completed form.
7. Once the grievance has been resolved, you do not need to complete the rest of the form.
8. You are required to complete Parts A and B of this form and to then hand it to the head or the supervisor, as the case may be, at your institution/office. The head or the supervisor, as the case may be, will affix his/her signature in the block below Part B of the form to indicate that the grievance has been received. Ensure that you receive a copy of the form where receipt of your grievance has been acknowledged.
9. Part C of the grievance form will be completed by the head or the supervisor, as the case may be, and grievant(s) will be provided with copy during the various stages where attempts will be made to resolve the grievance.

PART A: PERSONAL PARTICULARS
To be completed by the aggrieved educator

INITIALS AND SURNAME	
PERSAL NUMBER	

PERSONNEL ADMINISTRATIVE MEASURES (PAM)

REGION/DISTRICT		
SCHOOL / OFFICE		
RANK / POST LEVEL		
DATE ON WHICH YOU BECAME AWARE OF THE ACT OR OMISSION		
PERSONAL CONTACT DETAILS	TEL:	CELL:
	FAX:	
CONTACT DETAILS OF REPRESENTATIVE	TEL:	CELL:
NAME OF TRADE UNION		
CONTACT DETAILS OF TRADE UNION	TEL:	FAX:
PART B: DETAILS OF THE GRIEVANCE		
<i>To be completed by the aggrieved educator(s)</i>		
<p>What are you aggrieved about? (If space below is not enough, please attach additional page(s)):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>		
<p>What solution do you propose?</p> <p>_____</p> <p>_____</p> <p>_____</p>		
SIGNATURE: _____	DATE _____	
Receipt of grievance form acknowledged and a copy given to aggrieved educator(s)		
SIGNATURE _____	DATE: _____	
NAME: _____	RANK: _____	

PART C: GRIEVANCE RESOLUTION: LEVELS**NOTES:**

This part of the form makes provision for levels of authority to attempt to resolve the grievance, depending on the circumstances, one or more pages below need to be completed.

The grievance must be dealt with by the applicable levels within the periods referred to in the procedure, unless extended by agreement with the aggrieved educator.

Should the grievance not be attended to within the periods referred to in the procedure or extended period agreed to with the aggrieved educator(s), in the case of an alleged unfair labour practice, the aggrieved educator(s) has/have the right to refer a dispute to the Education Labour Relations Council to

