GRIEVANCE RESOLUTION POLICY AND PROCEDURE FORM GRP2 NOTIFCATION OF APPEAL AGAINST GRIEVANCE RESOLUTION

Sul	omitted by	Name:				
		Job Title:				
Stage 1 Resolution Manager:		ition Manager:				
1.	I wish to fo	to formally appeal against the Stage 1 Resolution Manager's decision.				
	A	copy of my Form GR	P1			
	Th	e Stage 1 Resolution	n Manager's Resolution Letter			

Effective date: April 2012 Personnel

Committee

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Reviewed: February 2018 Next review: Spring 2019

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2.	I disagree with the Resolution Letter because:		

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3.	I want the Stage 2 Resolution Manage	r to:	
4.	I will/will not* need special help at the	Stage 2 Resolution Me	eeting.
5.	My companion at the Stage 2 Resoluti	on Meeting will be:	
		on meeting will be:	Dergannel
Comr	rive date: April 2012 nittee		Personnel
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6. My comp	panion cannot attend a Resolution Meeting on the following dates/tir	mes:				
•						
•						
•						
Signed:						
Print name:						
Date:						
OFFICE USE O						
Received by Clerk to Governors on:						
Stage 2 Resolution Manager:						
Received by Stage 2 Resolution Manager:						
Resolution Meet	ing held:					
* delete as appro	priato					
delete as appro	Jilate					
Effective date: A Committee	rpril 2012	Personnel				
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