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| **Grievance Appeal Form** |
| This form is for use by employees of Queen Mary who want to appeal a decision made regarding a formal grievance raised by them.In accordance with the University’s Grievance Resolution Policy and Procedure, the University aims to arrange a formal grievance appeal hearing within 20 working days of receipt of your grievance appeal form. If there are likely to be any delays in hearing your appeal, the University will inform you of the reasons for the delay and give an indication of when you can expect your appeal to be heard.Once completed this form should be submitted to the Head of HR Partnering and Policy within 10 working days of the receipt of the written grievance outcome, 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 of your original grievance:** |   |
| **Date you were given decision that you are appealing against:** |   |
| **Does your original grievance relate to your line manager?** | Yes/No |
| **Summary of appeal:** |
| Please set out the reasons for your appeal, providing as much detail as possible, in relation to one or more of the following grounds: * the grievance procedure was not correctly followed
* the findings of the hearing were unreasonable
* the action taken was inappropriate in the circumstances of the case and did not resolve the matter
* new evidence relating to the original complaint has come to light that was not available at the time of the hearing.

You may attach additional sheets if required.    |
| **Individuals involved in the appeal:** |
| Please provide the names and contact details of any people involved in your appeal, including witnesses you wish to call during the appeal.    |
| **Outcome requested from the appeal:** |
| Please set out what outcome you would like to see from your appeal, 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:** |   |
| **Date:** |   |
| **For completion by the University:** |
| Date form received by the Head of HR Partnering and Policy: |   |
| Name of Recipient: |   |
| Signature: |   |