



## PART A: PERSONAL INFORMATION

*To be completed by aggrieved employee:*

Initials and Surname : \_\_\_\_\_  
 PERSAL number : \_\_\_\_\_  
 Employing department : \_\_\_\_\_  
 Directorate : \_\_\_\_\_  
 Rank/Designation : \_\_\_\_\_  
 Date on which you became aware of  
 the official act or omission : \_\_\_\_\_  
 Contact numbers : Tel No: \_\_\_\_\_ Fax No: \_\_\_\_\_  
 Name of representative (where applicable): \_\_\_\_\_  
 Contact numbers of representative : Tel No: \_\_\_\_\_ Fax No: \_\_\_\_\_  
 Name of trade union (where applicable) : \_\_\_\_\_  
 Contact numbers of trade union : Tel No: \_\_\_\_\_ Fax No: \_\_\_\_\_

## PART B: DETAILS OF GRIEVANCE

*To be completed by aggrieved employee:*

What are you aggrieved about (if space below is not enough, please attached additional page(s)):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What solution do you propose:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SIGNED:**

\_\_\_\_\_  
**EMPLOYEE**

\_\_\_\_\_  
**DATE**

Receipt of grievance form acknowledged and copy given to aggrieved employee

\_\_\_\_\_  
**DESIGNATED EMPLOYEE**

\_\_\_\_\_  
**DATE**

**Name:**

**Rank:**