

Grievance Appeal Form



Colleague Name:	
Employee Number:	
Job Title:	
Store/Branch/Team:	
Line Manager Name:	

My reason for appealing my recent grievance outcome is;
(please tick all that apply)

- ☐ New information/evidence is now available that wasn't considered before
- ☐ The process wasn't followed correctly
- ☐ The outcome wasn't fair and reasonable

Please give more details about your appeal below. Remember to include either - any new information/evidence you want to be considered, or reasons why you think the process wasn't followed correctly, or why you think that the outcome wasn't fair and reasonable in the circumstances.

Please detail what outcome you're looking for from your appeal:

Signed:

Date:

Give send this completed form to the appeal manager whose details are on the outcome letter you received.

They'll arrange a meeting to talk to you about your appeal, usually within 14 calendar days of getting your form – but if it's going to take longer they'll let you know.