

TYPE ON COMPANY LETTERHEAD

GRIEVANCE FORM (1) - WRITTEN

EMPLOYEES FULL NAMES :

DATE JOINED :

DEPARTMENT :

JOB TITLE :

**Employee Representative's
(IF ANY) FULL NAMES** :

STATEMENT OF GRIEVANCE:

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SOLUTION DESIRED:

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.....
EMPLOYEE's SIGNATURE

.....
DATE

.....
Signature of Employee Representative

.....
DATE

TYPE ON COMPANY LETTERHEAD

GRIEVANCE FORM (2)

SALON MANAGER/EMPLOYER'S RESPONSE:

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MANAGER/EMPLOYER'S SIGNATURE

.....
DATE

EMPLOYEE'S RESPONSE:

YES/NO

1. Are you satisfied with the Manager/Employer's response?

2. Do you wish to take the grievance further?

REASONS FOR PURSUING THE GRIEVANCE (TO STAGE 3)

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EMPLOYEE'S SIGNATURE

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DATE

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Signature of Employee Representative

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DATE