



GRIEVANCE APPEALS OUTCOME FORM

Name of the Manager who handled the grievance:	(Manager's Name)
Date:	(date)
Area of complaint:	<input type="checkbox"/> Policy and procedure (Name of policy) <input type="checkbox"/> Student Support Services (Name) <input type="checkbox"/> Academic (Area) <input type="checkbox"/> Other (Specify)
Reason for grievance/appeal:	
(list reason/s)	
Outcome:	
<i>(If this grievance has not been resolved please complete an outcome for each stage of appeal)</i>	
(outcome)	
Grievance/appeal number:	(appeal number)
Did this grievance result in a continuous improvement?	<input type="checkbox"/> YES <input type="checkbox"/> NO If yes please indicate the improvement number
Date grievance/appeal was rectified:	(date)

OFFICE USE ONLY

Acknowledgement of grievance outcome letter sent: YES NO

Grievance outcome recorded on the register YES NO

Processed By:

Signature:

Date: