**Appendix A**

**Salisbury NHS Foundation Trust**

**Grievance**

**Formal Grievance**

*To be completed by the employee(s) and passed to your Line Manager / other suitable Manager as appropriate*

|  |  |  |  |
| --- | --- | --- | --- |
| **Raised by** |  | **Department** |  |
| **Date** |  |

|  |
| --- |
| **Nature of the Grievance / Dispute:** *(please attach any additional supporting information/evidence)* |
|  |
| **Resolution you are seeking:** |
|  |
| **Please provide any dates you are unable to attend a hearing:** *(and reasons for this if applicable)* |
|  |