|  |
| --- |
| **INSERT YOUR LOGO HERE** |

**NOTICE TO ATTEND GRIEVANCE HEARING**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | Stage of Grievance | 1 | 2 |

|  |  |
| --- | --- |
| Employee Name | Manager’s Name |
| Position | Manager’s Position |
| Employee Number |  |
| Store / Kitchen / Department | Date |

Further to your lodgement of grievance dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and received on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, you are hereby notified to attend a Grievance Hearing, which will take place on

DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DAY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

VENUE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TIME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

You are reminded of your rights:

1. To be represented/ assisted by an employee of your choice from your workplace.

2. To state your case.

3. To call and cross examine witnesses, where reasonable.

4. To have an interpreter, where necessary.

ISSUED BY : RECEIVED BY :

NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

POSITION \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DECLARATION OF WITNESS**\*

I confirm that I have witnessed that this Form has been seen by/ handed to the above-named employee.

SIGNED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ POSITION \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_