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| **GRIEVANCE PROCEDURE FORM** | | **VAMED GmbH** |
| **INSTRUCTIONS:** This Grievance form is for the use of VAMED as well as outsourcing company local employees working on behalf of VAMED. Initiate a grievance process by completing all the items in the **GRIEVANCE INFORMATION** section. Submit the completed form within the stipulated timeframe to the appropriate office/person at your department to process grievances within 30 calendar days from the date the alleged incident occurred. | | |
| **GRIEVANCE INFORMANTION** | NAME OF EMPLOYEE: JOB TITLE: ID No.: | |
| DEPARTMENT: NAME OF AGENCY (For outsourced staff): | |
| **DESIGNATION OF GRIEVANCE:**  **CONTRACTUAL:** State article and paragraph (section) of the contract which you claim is violated:  **NONCONTRACTUAL：** | |
| **EMPLOYEE STATEMENT OF GRIEVANCE** *(Attach additional sheets if necessary):* | |
| **TO CORRECT MY GRIEVANCE, THE FOLLOWING SHOULD OCCUR:** | |
| **I WILL REPRESENT MYSELF (or) MY REPRESENTATIVE WILL BE:**  Name of Representative: Employee Organization: | |
| **WITNESSES MAY INCLUDE:** | |
| Signature of Employee: Date: | |
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| **STEP 1** | **RECEIVED BY:**  Signature of Management Representative: Date: | |
| **STEP ONE DECISION:**  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *(Management Representative) (Date of Hearing) (Date Decision Served to Employee and Representative)* | |
| **EMPLOYEE:**  **Grievance settled I appeal to this settlement**  Signature of Employee: Date: | |

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|  | **EMPLOYEE: I WILL REPRESENT MYSELF MY REPRESENTATIVE WILL BE:**  Name of Representative: Employee Organization: |
| **WITNESSES MAY INCLUDE:** |
| **RECEIVED BY:**  Signature of Management Representative: Date: |
| **STEP TWO DECISION:**  Signature:  *(Management Representative) (Date of Hearing) (Date Decision Served to Employee and Representative)* |
| **EMPLOYEE:**  I acknowledge settlement of my grievance  I appeal to this settlement on a FINAL REVIEW.  Signature of Employee: Date: |

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| **STEP 3** | **EMPLOYEE: I WILL REPRESENT MYSELF MY REPRESENTATIVE WILL BE:**  Name of Representative: Employee Organization: |
| **WITNESSES MAY INCLUDE:** |
| **RECEIVED BY:**  Signature of Management Representative: Date: |
| **STEP THREE DECISION:**  Signature:  *(Management Representative) (Date of Hearing) (Date Decision Served to Employee and Representative)*  **EMPLOYEE:**  **I acknowledge settlement of my grievance I request FINAL REVIEW.**  Signature Of Employee: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**FINAL REVIEW. VAMEDK ONE BOX ONLY AND SIGN.**

I request that my **NONCONTRACTUAL** grievance be reviewed by the Labour Commission, Ghana.

My grievance is designated as **CONTRACTUAL.** Union members who represented you at the last step of the grievance process should be contacted.

Employee Signature: Date: