

**Formal Grievance Procedure – Action Plan**

The table below must normally be completed by the Chair of the Panel following the Grievance Meeting detailing identified actions in respect of any employee(s) and/or service related issues that require addressing.

**Section A - To be Completed in Respect of any Employee Related Issues**

Name of Employee : \_\_\_\_\_

Name \_\_\_\_\_  
Chair of the Panel/Investigator

Date \_\_\_\_\_

Immediate Actions	Responsible Officer	Date Implemented
Medium Term Actions (3 to 6 months)	Responsible Officer	Date Implemented
Longer Term Actions (6 to 12 months or beyond)	Responsible Officer	Date Implemented

On completion of all of the above identified actions the form should be signed off by:

Employee \_\_\_\_\_ Date \_\_\_\_\_

Manager \_\_\_\_\_ Date \_\_\_\_\_

**Section B - To be Completed in Respect of Service Related Issues**

Name \_\_\_\_\_  
Chair of the Panel/Investigator

Date \_\_\_\_\_

Immediate Actions	Responsible Officer	Date Implemented
Medium Term Actions (3 to 6 months)	Responsible Officer	Date Implemented
Longer Term Actions (6 to 12 months or beyond)	Responsible Officer	Date Implemented

On completion of all of the above identified actions the form should be signed off by the Service Director.

Signed \_\_\_\_\_  
\_\_\_\_\_

Date

**When the actions are complete a copy should be placed on the employee personal file and a copy held securely within the Service.**