

GRIEVANCE FORM FOR LODGING A GRIEVANCE DIRECTLY WITH THE PUBLIC SERVICE COMMISSION BY HEADS OF DEPARTMENT

PLEASE READ THE FOLLOWING INSTRUCTIONS BEFORE COMPLETING THIS FORM

This form must be used by a Head of Department to lodge a grievance directly with the Public Service Commission (PSC) regarding an official act or omission (excluding an alleged unfair dismissal and/or the outcome of a performance evaluation). Please note that the form is used if you have been unable to resolve a dissatisfaction through informal discussion.

1. You have to lodge your grievance within 90 days from the date on which you became aware of the official act or omission which adversely affects you.
2. Please attach all relevant documentation, including proof of all steps taken to resolve the grievance, to this form to enable the PSC to consider the grievance(s).
3. Proof must be submitted that the completed Grievance Form has been copied to the relevant Executive Authority. For this reason, the Executive Authority is required to sign acknowledgement of receipt on the Grievance Form in the space provided on page 3.
4. Please note that comments of the Executive Authority on a grievance received from the HoD, will be requested by the PSC on receipt of a grievance.
5. If you decide to withdraw a grievance lodged with the PSC at any stage of the procedure, or if a settlement agreement is reached before the finalization of the investigation by the PSC, you must submit a dated, signed statement clearly stating that you are withdrawing the grievance. Such a withdrawal terminates the grievance process.

1. DETAILS OF THE HEAD OF DEPARTMENT

Name & Surname: Mr/Ms/Dr/ Prof.....

Employing Department:

Postal address:

.....

..... **Postal Code:**

Tel:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Cell:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Fax:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Email:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date on which you became aware of official act or omission:

Y	Y	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---

.....
.....
.....

5. PROPOSED SOLUTION

Kindly indicate the solution you propose to resolve your grievance?

.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

6. CONFIRMATION OF ABOVE DETAILS

Signature of the aggrieved party:

Signed at on thisday of

7. ACKNOWLEDGEMENT OF RECEIPT OF COPY OF GRIEVANCE

I, (Prof/Dr/Mr/Ms) hereby acknowledge receipt of the grievance form and take cognisance that the grievance is referred to the PSC for investigation

Signature of the Executive Authority:

Signed at on this day of

