Royal Mail Group

ROYAL MAIL GROUP GRIEVANCE POLICY

Stage 1 Grievance Form

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 Please provide full details of your grievance (attaching relevant documents or other evidence as appropriate) 		
 What practical steps would you like to see taken to resolve your grievance? 		
YOUR DETAILS		
Full Name:	Pay Number:	
Office Address / Work Area:		
Signed:	Your Manager's name:	
Date:		

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