

Appendix 1

FORMAL COLLECTIVE DISPUTE PROCEDURE

THIS FORM **MUST** BE COMPLETED AT EACH STAGE OF THE PROCEDURE. PLEASE INDICATE WHICH STAGE IS BEING INVOKED.

* delete as appropriate

DISPUTE TO BE CONSIDERED AT STAGE 1 / 2 *

Please complete all sections of Part A when registering a formal collective dispute. Where possible, please arrange for the form to be typed or use capital letters.

PART A	PLEASE ENSURE ALL EMPLOYEES INVOLVED IN THE DISPUTE PROVIDE THE FOLLOWING DETAILS (CONTINUE ON A SEPARATE SHEET AS NECESSARY)
Name _____	Job Title _____
Department _____	Section _____
Employee No. _____	Location _____
Contact Tel. No. _____	Line Manager _____
Please outline the nature of the collective dispute (using no more than 2/3 sentences)	
Please provide full details of the collective dispute including dates wherever possible. (if necessary continue on a separate sheet of paper). Copies of any relevant documents that relate to the grievance should also be attached.	
In accordance with the Collective Disputes Procedure you need to indicate the trade union representative acting on your behalf:	
Name of Trade Union _____	Name of TU Rep _____
Contact Tel No _____	
What outcome are you seeking to resolve your collective dispute?	
TRADE UNION REP SIGNATURE	DATE
PART B	TO BE COMPLETED BY THE DEPARTMENT
DATE RECEIVED _____	
RECEIVED BY _____	JOB TITLE _____