

## NOTICE 9 OF 2012

## ANNEXURE B

**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 an 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 &amp; Surname: Mr/Ms/Dr/ Prof.....

Employing Department: .....

Postal address: .....

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

Tel: 

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Cell: 

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Fax: 

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Email: 

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

Y	Y	Y	Y	M	M	D	D
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**Please tick the correct box**

- ☐ Filling of post
- ☐ Refusal to approve application
- ☐ Salary problems
- ☐ Unilateral change to terms and conditions of employment
- ☐ Unfair treatment
- ☐ Other (Please specify)

Kindly provide details of the grievance you are referring: .....

[illegible]

Kindly provide details of the attempts you have made to resolve the grievance:

[illegible]

**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 this ..... day 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 .....

**8. OUTCOME OF THE GRIEVANCE HEARING**

This part of the form provides for the outcome of the grievance hearing. A report of the proceedings and recommendations by the appointed PSC Commissioner must also be attached for ease of reference.

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**CHAIRPERSON OF THE PSC**

Signed at ..... on this ..... day of .....

**9. ACKNOWLEDGEMENT OF THE OUTCOME OF GRIEVANCE HEARING**

(This section provides for the aggrieved HoD to acknowledge the outcome of the Grievance Hearing)

I, (Name)..... hereby confirm that I have been informed of the outcome of the Grievance Hearing and accept that the investigation of my grievance lodged with the PSC on ..... is regarded as finalised.

(Please note that in terms of the provisions of section 35(4)(b) of the Public Service Act, 1994 (as amended), a HoD may not lodge a dispute on the same matter that was referred to the PSC, with the PSCBC or the relevant sectoral council or the CCMA.)

Signature of the aggrieved party .....

Signed at ..... on this ..... day of .....