

**Date**

**Greater Glasgow and Clyde**

**Department**

**Address 1**

**Address 2**

**Address 3**

**Post Code**

Tel No

**PRIVATE & CONFIDENTIAL**

**Employee Title/Forename/Surname**

**Address 1**

**Address 2**

**Address 3**

**Postcode**

Dear Title and Surname

**Formal Stage 2 Grievance Hearing** **Outcome (Final Stage)**

Further to the Formal Stage 2 grievance hearing held on **insert** **date**, I now write to confirm the outcome.

This hearing was convened in line with NHS Greater Glasgow and Clyde’s Grievance Policy and Procedure and chaired by **name**. **Name**, HR representative was also present. You were accompanied at the hearing by **add name. OR** You were unaccompanied at the hearing and happy to proceed on that basis. **(Delete as appropriate)**

At this hearing you **and name of rep (if applicable)** outlined your grievance, summarised as follows:

**Summary of grievance content**

After considering carefully all of the information and evidence that has been presented, I have concluded that the grievance **will/will be partially/will not be upheld.** My reasons for this decision are as follows:

**Explain findings in relation to each allegation made by the employee.**

As a result of these findings, I propose to take no further action.

**OR**

As a result of these findings, I propose to take the following action:

**Summarise action to be taken.**

This decision concludes Formal Stage 2 of the Grievance process; therefore I confirm that you have no further right of appeal.

**Or Only for Grievances with wider Organisation Consequences should the following be included – if not then delete:**

Under NHS Greater Glasgow and Clyde’s Grievance Policy and Procedure, you have the right to request an appeal if you are unhappy with the findings of this process. Should you wish to do so, you should lodge in writing your reasons for requesting a review and submit this to **name**, Human Resources Director, **address** within 4 working weeks of receipt of the written outcome of the Formal Stage 2 Hearing,.

Yours sincerely

Print Name

Designation

Cc Line Manager