



# MEAA Grievance Investigation Form

Use this form when investigating an individual member's workplace grievance. For internal use only.

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Delegate's name: \_\_\_\_\_

Best contact no.: \_\_\_\_\_ Email: \_\_\_\_\_

Deadline for filing this grievance: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Who is involved in this grievance?

Member: \_\_\_\_\_ Department: \_\_\_\_\_

Best contact no.: \_\_\_\_\_ Email: \_\_\_\_\_

Full Time       Part Time       Casual

## Supervisor or other management involved:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Best contact no.: \_\_\_\_\_ Email: \_\_\_\_\_

## Witnesses or other persons involved:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Department.: \_\_\_\_\_ Best contact no.: \_\_\_\_\_

Department.: \_\_\_\_\_ Best contact no.: \_\_\_\_\_

What are the facts in this case?

Why is this a grievance, breach of award/agreement, WHS?

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What are the issues?

What do the facts mean for the members?

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What are the options?

What can be done industrially? What are the organizing opportunities? What can the member do?

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Action?

What do you believe should be done? Consider if it is likely to be successful, and is realistic. Is there a role for member/s with the problem? Is there potential to gain the support of other members? Is there potential to recruit new members to MEAA?

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Managing expectations?

It is important to be clear from the start what can and can't be done. Don't give false hope. If the chances of success are low or non-existent, the members should be told at the beginning.

Can do

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Can't do

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Next steps

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Timelines

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**Will you need records to help prove this case?**

Check the appropriate ones:

- Pay slips
- Past grievances
- Sick leave records
- Rosters
- Correspondence
- Email
- Personal file
- Other (list below)

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**What (if anything) is required from MEAA?**

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**Timeline of events**

1. Date of first meeting with member(s) : \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

2. Date resolution plan developed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

3. Date member(s) informed of resolution plan : \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

4. Date and types of actions (eg. Meeting with management, etc.):

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5. Outcomes (if any):

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6. Further action required (if any):

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7. Date issues concluded : \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

8. What was the outcome?

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**To assist you at any stage of the grievance, please do not hesitate to contact MEAA Workplace Advice and Support on 1300 656 513.**