



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.: _____

PHONE

WEB

PO Box, 723 Strawberry Hills NSW 2012

1300 656 513

MEAA.org

BUILT ON INTEGRITY, POWERED BY CREATIVITY

ABN. 84 054 775 598

What are the facts in this case?

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

What are the issues?

What do the facts mean for the members?

What are the options?

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

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?

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

Can't do

Next steps

Timelines

Will you need records to help prove this case?

Check the appropriate ones:

- | | | |
|--|---|---|
| <input type="checkbox"/> Pay slips | <input type="checkbox"/> Past grievances | <input type="checkbox"/> Sick leave records |
| <input type="checkbox"/> Rosters | <input type="checkbox"/> Correspondence | <input type="checkbox"/> Email |
| <input type="checkbox"/> Personal file | <input type="checkbox"/> Other (list below) | |

What (if anything) is required from MEAA?

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.):

5. Outcomes (if any):

6. Further action required (if any):

7. Date issues concluded : ____ / ____ / ____

8. What was the outcome?

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