

EMPLOYEE GRIEVANCE FORM

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THIS FORM MUST BE COMPLETELY FILLED OUT

Please file a copy of this form with the Grievance Officer by emailing Employeegrievance@centamin.com or printing it out and posting it in one an employee grievance box located in the administration block. Your grievance will be acknowledged and next steps outlined within 5 days.

Name (Please Print):	Contact phone:
Job Title:	Email:
Department:	
Date started:	
Date, time and place of event leading to grievance:	

Please describe your complaint or grievance (including names of any others present)

Please state the policies, procedures or standards you think have been breached?

How would you like to see this issue resolved/ what is your proposed solution:

Signed:

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Date:

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Received:

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Date:

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