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| SCRCCG.enquiries@nhs.netTel via: 01723 343660Reference**By Email** | NHS Scarborough and Ryedale CCGScarborough Town Hall - York HouseSt Nicholas StreetScarboroughNorth YorkshireYO11 2HG |
| Address line 1Address line 2Address line 3Address line 4Address line 5 | Tel: 01723 343660Website: [www.scarboroughryedaleccg.nhs.uk](http://www.scarboroughryedaleccg.nhs.uk) ENTER DATE |

Dear [Mr/Mrs/Ms]

**Grievance Hearing – Stage 2**

I am writing to acknowledge receipt of your Notification of Grievance form dated ……………. and to confirm that arrangements have been made to hear your Grievance at Stage 2 in accordance with NHS Scarborough and Ryedale CCG’s Grievance Policy on date at time in location. The Grievance will be heard by name and supported by name, eMBED.

Should you wish to submit any additional information relating to your Grievance please forward to name no later than date. It is anticipated that mutual exchange of papers will take place on date.

I have to advise you that you have the right to be represented at this hearing by a single companion who can be either a Trade Union Representative or work colleague not appearing in a legal capacity.

I should be grateful if you would confirm your attendance, the name of your representative and if you intend to call any witnesses by contacting name by date.

Yours sincerely

Name

**Job Title**