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| [SCRCCG.enquiries@nhs.net](mailto:SCRCCG.enquiries@nhs.net)  Tel via: 01723 343660  Reference  **By Email** | NHS Scarborough and Ryedale CCG  Scarborough Town Hall - York House  St Nicholas Street  Scarborough  North Yorkshire  YO11 2HG |
| Address line 1  Address line 2  Address line 3  Address line 4  Address line 5 | Tel: 01723 343660    Website: [www.scarboroughryedaleccg.nhs.uk](http://www.scarboroughryedaleccg.nhs.uk)  ENTER DATE |

Dear [Mr/Mrs/Ms]

**Outcome of Grievance Hearing – Stage 2**

Following your Grievance hearing on date held in the presence of names, I am writing to confirm the outcome.

SPECIFY BRIEF DETAILS OF GRIEVANCE

THE DECISION REACHED

REASON FOR THE DECISION

WHAT ACTION WILL BE TAKEN (WHERE APPLICABLE / IFANY)

You do have the right to appeal against this decision and proceed to Stage 3 as part of NHS Scarborough and Ryedale CCG Grievance Policy. This Stage 3 grievance should be done in writing within 14 calendar days of receiving this letter outlining the reasons for your grievance, to name who will arrange for a hearing to be held under Stage 3 of Grievance policy. Stage 3 is the final stage of the CCG grievance process and the decision of the panel will be binding.

If you do not appeal within this timescale the grievance will be deemed to have been resolved.

Yours sincerely

Name

**Job Title**