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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 3**

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)

This is the final stage in the process and the decision of the Panel is binding and there is no further right of appeal.

Yours sincerely

Name

**Job Title**