



**SECTION 1**

Dispute Number (For National Office Use)	
Complainant's Name	
Address	
Phone Number	
E-mail Address	
Scout Group/County/Province/National	
Date Dispute Notified (For National Office Use)	

**SECTION 2**

**Outline The Nature Of This Dispute (Please note that this form must be returned within one calendar month from the date that the Group/County/Province/National level notified all parties to Scouting Ireland's Grievance Procedure (See SID-CCD01) that they have been unable to reach an amicable conclusion.**

**NB: A copy of this form will be issued to any one named as a respondent in Section 4.**



**SECTION 3**

**Outline The Steps Taken During The Grievance Procedure To Resolve This Dispute**

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**SECTION 4**

List Of People Named In This Dispute	Scout Group/County/Province/National

Signature: \_\_\_\_\_

Date: \_\_\_\_\_