SINGAPORE MARITIME OFFICERS' UNION 75 Jellicoe Road #02-01 Wavelink Building Singapore 208738 Telephone: 6360 0123 Fax: 6396 5545 Email: enquiries@smou.org.sg Website: www.smou.org.sg

## **GRIEVANCE FORM**

| 1. MEMBERSHIP PARTICULARS                               |                       |               |  |
|---|-----------------------|---------------|--|
| Name:   | Membership No:        |               |  |
| Nationality:  |                       |               |  |
| Address:  |                       |               |  |
| Email:  | Telephone No:         |               |  |
| 2. PARTICULARS OF EMPLOYER                              |                       |               |  |
| Company:  | Company Tel:          |               |  |
| Address:  |                       |               |  |
| Name & Designation of Company Official:                 |                       |               |  |
| 3. PARTICULARS OF EMPLOYMENT                            |                       |               |  |
| Rank:   | Basic Salary:         | Total Salary: |  |
| Employment Commenced:                                   | Employment Ceased:    |               |  |
| Vessel Name:  | Flag/Call Sign        |               |  |
| Date Signed On:   | Date Signed Off:      |               |  |
| 4. STATEMENT OF GRIEVANCE (Attach supporting documents) |                       |               |  |
|   |                       |               |  |
|   |                       |               |  |
|   |                       |               |  |
|   |                       |               |  |
| IF INSUFFICIENT SPACE PLEASE CONTINUE OVERLEAF          |                       |               |  |
| The above statement is true and to the best of my       | knowledge and belief. |               |  |
|   |                       |               |  |

| Name & Signature: | Date: |
|-------------------|-------|
|-------------------|-------|

## Collection, Use and Disclosure of Personal Data

| I, ( nar<br>grieva | me ) hereby authorise SMOU to represent me in my nce case with my employer/former employer, ( name of company ) with regards to my *termination /dismissal/  |  |  |
|--------------------|--|--|--|
|                    | ·  |  |  |
| 1.                 | I fully understand that it is my decision to authorise SMOU to manage my grievance case and I will not hold SMOU responsible in any way for the outcome or consequences arising out of SMOU's management of my grievance case.   |  |  |
| 2.                 | I consent to my personal data being collected, used and retained by SMOU for the purposes of processing, administering and managing my grievance case.   |  |  |
| 3.                 | I understand and agree that SMOU will contact my *employer/ex-employer to negotiate a settlement or to resolve my grievance case on my behalf.   |  |  |
| 4.                 | I consent to my personal data being disclosed by SMOU to relevant authorities and/or authorised third parties for the purposes of managing and resolving my grievance case with my *employer/ex-employer.  |  |  |
| 5.                 | I consent to SMOU obtaining my personal data and relevant data relating to my employment from m *employer/ex-employer for the purposes of managing and resolving my grievance case with m employer/ex-employer.  |  |  |
| 6.                 | I consent to participate in interviews, to the use of quotes and the taking of photograph and/or video recordings by the SMOU. I also grant the SMOU the right to edit, use and reuse the photographs and/or video recordings for non-profit purposes, for news and publicity purposes, including for use in print, on online/electronic platforms and all other forms of media. I acknowledge that SMOU owns all rights to the photographs and/or video recordings. |  |  |
| 7.                 | I understand that SMOU will do its utmost to resolve my case and I agree to hold harmless SMOU, its management, officers, and employees against all claims, demands, proceedings, liability, damages and costs of any nature whatsoever which I may suffer or incur, arising out of or caused by SMOU's management of my case.   |  |  |
| Name               | & Signature: Date:   |  |  |
|                    |  |  |  |
|                    | For Official Use Only  |  |  |
| e of Gri           | evance: Sub. Status:   |  |  |
| cer Nam            | ne:  |  |  |
| narks:             |  |  |  |
| naiks.             |  |  |  |