|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item referred by:** (please put X in box) | **Level 1** |  | **Tier 1** |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Item referred by:** (please put X in box) | **Stations & Revenue** |  | **Trains** |  | **Service Control** |  |
| **Fleet** |  | **Track & Signals** |  | **Stations & Structural** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** | | | **Date of meeting:** |
| **Group/area/fleet:** | | | **SDU:** |
| **Contact no:** |  |  | **Fax no:** |
| **Brief description (title) of issue:** | | | |

|  |
| --- |
| **Part 1: full details of referral / reference number of item / date of meeting** |

|  |
| --- |
| **Part 2: comments by the Chair** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Item referred by:** **(please put X in box)** | **Staff side** |  | **Management** |  | **Joint referral** |  |

|  |  |
| --- | --- |
| **Signature(s) of rep(s)** | **Acknowledgement of the Chair** |
|  |  |

|  |
| --- |
| **Part 3: actions by HSQEM/ER (if no action please state reasons why)** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Signed by HSQEM/ER** |  | **Date** |  |

**The HSQEM/ER has 7 days in which to respond to a referral from Tier 1 or Level 1. Upon completion of the HSQEM/ER response, a copy of the completed referral form must be sent to the Chair, local Staff Side Secretary and the Council/Tier 2 Staff Side Secretary.**

**If after the HSQEM/ER has responded the issue is still unresolved, the local Reps Staff Side Secretary must advise the Council/Tier 2 Staff Side Secretary that they wish to pursue the matter at Council/Tier 2 level.**

|  |  |
| --- | --- |
| **Part 4: additional information  (where necessary)** | **Supplied by:** |
| **Date of referral:** | **Group/area/fleet/SDU:** |
| **Brief description (title) of issue:** |  |
|  | | |