

COMPLAINT AND GRIEVANCE FORM

If you have feel that you have experienced:

- any form of harassment;
- bullying;
- discrimination; or
- have a grievance in relation to any aspect of your employment;

Then please complete this Complaint/Grievance Form and deliver this to your immediate manager or Human Resources Manager. All complaints and/or grievances raised with management are treated as strictly confidential. However, if an investigation is commenced into your complaint or grievance, then it may be necessary for the Company to raise some of the detail of your complaint or grievance with others (e.g. the Respondent, witnesses) in order for the matter to be properly investigated and responded to.

Name:

Date:

Department:

Nature of Complaint/Grievance (please tick):

☐ Bullying/Harassment ☐ Discrimination ☐ Other employment based grievance

Name/s of the person/people against whom the complaint is made:

Date/Dates on which the alleged behaviour occurred:

Please describe the nature of the complaint/grievance and when these events/issues occurred:

Are you aware of any other person who may have witnessed this behaviour?

☐ Yes ☐ No

Please provide the names of these witnesses:

Outline any steps you have taken to attempt to resolve the grievance (if applicable):