



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 Principal/Leader.

All complaints and/or grievances raised with management are treated as strictly confidential.

Name:					
Date:					
Department:					
Nature of Complaint/Grievance (please tick):					
<input type="checkbox"/>	Bullying/Harassment	<input type="checkbox"/>	Discrimination	<input type="checkbox"/>	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:

Employee Signature: _____

Date: _____

Received by: _____

Date: _____