

Complaint and Grievance Form

if you na	ave feel that you have expe	rience	ea:		
•	any form of harassment; bullying; discrimination; or have a grievance in relation	on to a	any aspect of your	employ	vment;
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:					
Departm	nent:				
Nature o	of Complaint/Grievance (ple	ease t	ick):		
	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 p	erson	who may have witnessed this behaviour?				
	Yes		No				
Please provide the names of these witnesses:							



