



This form is to be used by the Human Resources Officer, staff member's Supervisor or other appointed investigating officer of the staff complaint. Refer to the Staff Grievances Policy and related Procedure.

Personal Details of the Complainant			
Name:			
Status:	<input type="checkbox"/> Academic staff	<input type="checkbox"/> Professional staff	<input type="checkbox"/> Other
Supervisor:			
Name:			
Position:			
Individual's Complaint Raised Against			
Name:		Name:	
Position:	<input type="checkbox"/> Employee <input type="checkbox"/> Employer <input type="checkbox"/> Student <input type="checkbox"/> Other	Position:	<input type="checkbox"/> Employee <input type="checkbox"/> Employer <input type="checkbox"/> Student <input type="checkbox"/> Other

Complaint Details			
Types of Complaint I	<input type="checkbox"/> Administrative Decision <input type="checkbox"/> Unlawful Discrimination <input type="checkbox"/> Interpersonal	<input type="checkbox"/> HR Related <input type="checkbox"/> WHS <input type="checkbox"/> Other:	
Reporting Details			
Dated Reported:			
Reported to:			
Description of Complaint			
Date of Incidents(s):			
Description:			
Signature			
Complainant		Date	
Staff Member:		Date:	



Complainant's Name:				
Self Managed Process				
Meeting Date				
Participants:				
Details				
Resolution / Conclusion				
Escalated / Resolved	Resolved	<input type="checkbox"/>	Internal Review	<input type="checkbox"/>
	Informal Intervention - Internal	<input type="checkbox"/>	Formal Interview - External	<input type="checkbox"/>
	Date:			
Signature				
Complainant		Date		
Participant 1		Date		
Participant 2		Date		
Supervisor		Date		



Complainant's Name:				
Informal Intervention - Internal				
Meeting Date				
Participants:				
Details				
Resolution / Conclusion				
Escalated / Resolved	Resolved	<input type="checkbox"/>	Internal Review	<input type="checkbox"/>
	Informal Intervention - Internal	<input type="checkbox"/>	Formal Interview - External	<input type="checkbox"/>
	Date:			
Signature				
Complainant		Date		
Participant 1		Date		
Participant 2		Date		
Supervisor		Date		



Complainant's Name:				
Internal Review Process				
Meeting Date				
Participants:				
Details				
Resolution / Conclusion				
Escalated / Resolved	Resolved	<input type="checkbox"/>	Internal Review	<input type="checkbox"/>
	Informal Intervention - Internal	<input type="checkbox"/>	Formal Interview - External	<input type="checkbox"/>
	Date:			
Signature				
Complainant		Date		
Participant 1		Date		
Participant 2		Date		
Supervisor		Date		



Complainant's Name:				
Formal Intervention - External				
Meeting Date				
Participants:				
Details				
Resolution / Conclusion				
Escalated / Resolved	Resolved	<input type="checkbox"/>	Internal Review	<input type="checkbox"/>
	Informal Intervention - Internal	<input type="checkbox"/>	Formal Interview - External	<input type="checkbox"/>
	Date:			
Signature				
Complainant		Date		
Participant 1		Date		
Participant 2		Date		
Supervisor		Date		