



Grievance and Complaint Form

(Use this form to record your initial complaint or grievance and forward to the Director or mark Confidential: Chairperson and place on desk in front office face down).

Complaint or Concern Details:

Name: _____ Date: _____

Nature of complaint or circumstances to report:

If your complaint relates to a specific incident please provide the following details:

Time and location of the event in question: _____

Were other people present during the incident or event: Yes No

If so, please list their names here (if you know them): _____

Signature of Complainant: _____

Complainant Telephone Number: _____

Name of person completing this form: _____

Complaint reviewed by Director: Yes No Complaint reviewed by Chairperson: Yes No

Signature of Reviewer: _____ Date: _____

Entered into Grievance and Complaint Register: Yes No

Date and time entered: _____