**COMPLAINT AND GRIEVANCE FORM**

This template form is intended to assist member businesses develop their own workplace complaint and grievance form. The following information should be used as a guide only. Any wording changes, other than those to insert a business name, may change the context, meaning or purpose of the checklist. We recommend you receive advice from the Victorian Chamber of Commerce and Industry prior to making such changes.

## Contacting the Victorian Chamber of Commerce and Industry

The Victorian Chamber’s team of experienced workplace relations advisors can assist members with a range of employment, human resources and industrial relations issues.

Our experienced workplace relations consultants can also provide assistance to both members and non-members on a range of more complex matters for a fee-for-service. The consultants can, among other things, provide training to employees, conduct investigations and provide representation at proceedings at the Fair Work Commission.

For assistance or more information, please contact the Workplace Relations Advice Line on **(03) 8662 5222**.

Disclaimer

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# 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 completed 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.

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):

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