# Grievance and Complaint Report

Name of person reporting incident/hazard:

Date reported: / /

Phone: Email:

## NATURE OF GRIEVANCE / COMPLAINT

[ ]  Abusive, insulting, offensive, belittling or humiliating comments / unjustified criticism or complaints

[ ]  Bullying, aggressive, intimidating, harassment

[ ]  Deliberately excluding someone from work related activities

[ ]  Unreasonable and ongoing job demands

[ ]  Changes to the workplace without sufficient consultation or warning

[ ]  Changing work arrangements such as rosters or leave to cause inconvenience

[ ]  Denying access to information, supervision or resources to the detriment of the worker

[ ]  Ongoing and insufficient organisational justice or support

[ ]  Unreasonable lack of job control or lack of role clarity

[ ]  Other

## GRIEVANCE / COMPLAINT DETAILS

When this occurred, who was involved, what occurred and where, and if this has been repeated behaviour. Please include desired remedy or outcome.

## SIGN-OFF

 / /

Name of person reporting Signature Date

 / /

Name of Supervisor / Manager Signature Date