

# GRIEVANCE FORM

Employee Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Department: \_\_\_\_\_ Position: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Grievance Type: \_\_\_\_\_

Grievance Description:

**Details of Incident (Please provide as much detail as possible):**

**Witnesses (if any):**

**Actions Taken So Far:**

I declare that the information provided in this Grievance Form is true and correct to the best of my knowledge. I understand that this grievance will be handled confidentially and in accordance with applicable Australian laws including but not limited to the Fair Work Act 2009 (Cth). I acknowledge that the organisation may need to investigate the matter further and that any false or misleading information may have consequences.

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Manager / HR Officer Review:**

Received by: \_\_\_\_\_ Position: \_\_\_\_\_  
\_\_\_\_\_ Comments / Action Taken: \_\_\_\_\_

**Manager / HR Officer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**EMPLOYEE SIGNATURE**

**MANAGER / HR OFFICER SIGNATURE**

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Confidentiality Notice: This form and the information contained herein are confidential and intended for use only by authorised personnel. Handling of this grievance w

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