



COMPLAINT REPORT FORM

*This form is to be used by those who have a grievance that they have not been able to resolve through informal discussion. Providing the information below and confirming your contact details will assist staff at Njernda Aboriginal Corporation (**the Company**) to address your grievance in a timely manner (generally within a 28-day period). Failure to provide the requested information may result in a delay in processing your grievance.*

Name: _____ Employee number: _____

Department: _____ Manager: _____

Email: _____ Phone: _____

Address: _____

Please tick if you are a:

- Client Community Member
 Staff Other, please explain

Please tick what area your grievance applies to:

- Client Community
 Staff Employment issue Other, please explain:

Date of the incident:

(include date range where relevant)

The people involved in the incident were:

The details of the grievance are as follows (including time, place and witnesses):

I would like the following action to be undertaken by the Company:

I attempted to resolve this grievance informally as set out below:

Please provide any supporting documentation.

Declaration:

I declare that the information given on this form is true and correct.

.....
Employee Signature

.....
Date:

If someone on your behalf completed this form, please give details here.

.....
Name

.....
Signature

.....
Date:

OFFICE USE ONLY	Date
Form received by Njernda	___/___/___ Investigation Panel formed
___/___/___	
Entered into Register	___/___/___ Findings and Outcome Letter sent
___/___/___	