



Staff Complaints and Grievance Form

If you feel that you have experienced:

- any form of harassment
- bullying
- discrimination
- have a grievance in relation to any aspect of your employment (inclusive of student conduct related)

then please completed this Staff Complaints/Grievance Form and deliver this to your immediate manager or Human Resources Manager.

All complaints and/or grievances raised with management are treated in strict confidence.

Name	
Date	
Department	
Nature of Complaint/Grievance	<input type="checkbox"/> Bullying <input type="checkbox"/> Harassment <input type="checkbox"/> Discrimination <input type="checkbox"/> Other employment-based grievance
Name/s of the person/people against whom the complaint is directed	
Date/s on which the alleged incident/s occurred	

Please describe the nature of the complaint/grievance and when this event/issue occurred:



Are you aware of any other person who may have witnessed this incident?

- Yes No

Please provide the name of the witness:

Outline any steps you have taken to attempt to resolve the grievance (if applicable):

Document control

Form title	Staff Complaints and Grievance Form
Form owner	HR Manager
Form version date	26 July 2022
Form approver	Council
Date of approval	26 September 2022
Date of implementation	12 December 2022
Date of next review	26 September 2025
Changes in this version	First Version