# 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