



GRIEVANCES / INCIDENT REPORT FORM

Type of Grievance

- [] Consumer Grievance /Complaint
- [] Staff Grievance / Problem
- [] Board Grievance / Problem
- [] Other

Details of person making this report

Name: _____

Position: _____

Date of report: _____ Time of report: _____

Name of respondent (person the complaint is against)

Position: _____

Any other people involved

Name: _____

Address: _____

Nature of Involvement:

(eg witness / friend) _____

How did grievance/incident happen?

What was the cause of the grievance / incident?

Is this grievance / incident a recurring problem / complaint Yes No

Response to Grievance details by respondent

What can be done to prevent a recurrence?

What are the agreed actions by all parties to the dispute?

Management Action

Executive Officer to monitor the situation closely and to follow up with all parties within 6 weeks (at a date agreed on by all parties).

Signed by all parties in agreement:

Complainant Name: _____

Signature: _____

Respondent Name: _____

Signature: _____

Executive Officer Name: _____

Signature: _____