

**STAFF GRIEVANCE RECORD FORM**

<b>Form Number:</b>	<b>6.5.1.1</b>	<b>Approved by Management Committee:</b>	24 <sup>th</sup> November 2020
<b>Version:</b>	<b>3.0</b>	<b>Signed off by Executive:</b>	24 <sup>th</sup> November 2020
<b>Responsible person:</b>	<b>Coordinator</b>	<b>Scheduled Review Date:</b>	24 <sup>th</sup> November 2023

**DATE & TIME GRIEVANCE RECEIVED:**        /        /        @        :        am/pm

**HOW GRIEVANCE RECEIVED:**    Note Name & Role of Persons involved.

- In person (from \_\_\_\_\_ to \_\_\_\_\_)
- Phone (from \_\_\_\_\_ to \_\_\_\_\_)
- Written (from \_\_\_\_\_ to \_\_\_\_\_)
- Email (from \_\_\_\_\_ to \_\_\_\_\_)

**COMPLAINANT'S DETAILS:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Email address: \_\_\_\_\_

**RESPONDENT'S DETAILS:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Email address: \_\_\_\_\_

**DETAILS OF GRIEVANCE: (attach additional information if required)**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

Names: \_\_\_\_\_

Nature of Grievance: \_\_\_\_\_

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Action taken by complainant at the time: \_\_\_\_\_

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Any further Details: \_\_\_\_\_

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**COMPLAINANT'S PREFERRED OUTCOME:**

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Has respondent been provided with details of the grievance?       Yes       No

**RESPONDENT'S RESPONSE TO GRIEVANCE:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ACTION TAKEN BY CCA:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ACTUAL OUTCOME OF GRIEVANCE:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**COMPLAINANT'S STATEMENT**

I \_\_\_\_\_ am / am not (circle appropriate response)  
satisfied with the way in which my grievance has been addressed and the outcome that has been achieved.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

This record or grievance will be kept securely in a confidential grievance file at the office of Capricorn Citizen Advocacy and a full copy of this record of grievance will be given to both the complainant and respondent.

**PERSON RESPONSIBLE FOR GRIEVANCE PROCESS:**

Name: \_\_\_\_\_

Role: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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