

Worker Grievance Form

Worker Grievance Number:

Date entered on Register:

ICAS takes worker complaints of discrimination, harassment, and unethical or unfair conduct as serious matters. So that we may thoroughly investigate your concern, you are requested to fill out this form as completely as possible. Please use additional sheets of paper where needed. After a prompt and thorough investigation into your grievance, you will be notified of the intended action.

1 Part A (to be completed by person lodging form)

Name of person lodging grievance:

Name of person(s) grievance is about:

Name of person Complaint Form submitted to:

I declare that the facts set forth in this grievance form are true and accurate pursuant to the penalty of perjury under the laws of Queensland.

Signature

Date

Nature of the grievance:

Outline your attempt(s) to resolve the matter:

Any remedy suggested:

2 Part B - Office use only

Name of person receiving this form:

Manager informed (date and time):

Name of Support Person approved or appointed:

Investigating Officer details:

Name

Position

Signature

Date

Explanation of investigation outcome:

Recommended course of action (attach additional file notes if required):

Completion Report

*Provide a brief description of the resolution:

*If further action is required, please detail:

**All notes and correspondence related to the matter should be kept in a separate envelope marked "Confidential" and noting the Worker Grievance Number.*

Copies of Finalisation Report forwarded to:

☐

Complainant

☐

Respondent

☐

Manager

☐

Other Interested Parties

Manager

Signature

Date