



Complaint / Appeal Report Form

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|--|-----------------------------------|--|--|
| Complaint <input type="checkbox"/> | | Appeal <input type="checkbox"/> | |
| Personal Details | | | |
| Details of the person lodging complaint or appeal | | | |
| Name: | | | |
| Status: | Employee <input type="checkbox"/> | Student <input type="checkbox"/> | Employer <input type="checkbox"/> Other <input type="checkbox"/> |
| Supervisor: | | | |
| Name: | | | |
| Position: | | | |
| Individual(s) Complaint / Appeal Raised Against | | | |
| Name: | | Name: | |
| Position: | Employee <input type="checkbox"/> | Position: | Employee <input type="checkbox"/> |
| | Employer <input type="checkbox"/> | | Employer <input type="checkbox"/> |
| | Student <input type="checkbox"/> | | Student <input type="checkbox"/> |
| | Other <input type="checkbox"/> | | Other <input type="checkbox"/> |

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|--|--|-------------------------------------|--|
| Complaint / Appeal Details | | | |
| Types of Complaint / Appeal | Administrative Decision <input type="checkbox"/> | HR Related <input type="checkbox"/> | |
| | Unlawful Discrimination <input type="checkbox"/> | WHS <input type="checkbox"/> | |
| | Interpersonal <input type="checkbox"/> | Other: <input type="checkbox"/> | |
| Reporting Details | | | |
| Date Reported: | | | |
| Reported to: | | | |
| Description of Complaint / Appeal | | | |
| Date of Incidents(s): | | | |
| Description: | | | |
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| | | | |
| Signature | | | |
| Complainant / Appellant: | | Date | |
| Staff Member: | | Date: | |



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|-----------------------------|----------------------------------|--------------------------|-----------------------------|--------------------------|
| Complainant's Name: | | | | |
| Self-Managed Process | | | | |
| Meeting Date: | | | | |
| Participants: | | | | |
| Details | | | | |
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| Resolution / Conclusion | | | | |
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| Escalated / Resolved | Resolved | <input type="checkbox"/> | Internal Review | <input type="checkbox"/> |
| | Informal Intervention - Internal | <input type="checkbox"/> | Formal Interview - External | <input type="checkbox"/> |
| | Date: | | | |
| Signature | | | | |
| Complainant / Appellant | | Date | | |
| Participant 1 | | Date | | |
| Participant 2 | | Date | | |
| Supervisor | | Date | | |



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|---|----------------------------------|--------------------------|-----------------------------|--------------------------|
| Complainant's Name: | | | | |
| Informal Intervention - Internal | | | | |
| Meeting Date | | | | |
| Participants: | | | | |
| Details | | | | |
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| Resolution / Conclusion | | | | |
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| Escalated / Resolved | Resolved | <input type="checkbox"/> | Internal Review | <input type="checkbox"/> |
| | Informal Intervention - Internal | <input type="checkbox"/> | Formal Interview - External | <input type="checkbox"/> |
| | Date: | | | |
| Signature | | | | |
| Complainant / Appellant | | Date | | |
| Participant 1 | | Date | | |
| Participant 2 | | Date | | |
| Supervisor | | Date | | |



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|--------------------------------|----------------------------------|--------------------------|-----------------------------|--------------------------|
| Complainant's Name: | | | | |
| Internal Review Process | | | | |
| Meeting Date | | | | |
| Participants: | | | | |
| Details | | | | |
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| Resolution / Conclusion | | | | |
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| Escalated / Resolved | Resolved | <input type="checkbox"/> | Internal Review | <input type="checkbox"/> |
| | Informal Intervention - Internal | <input type="checkbox"/> | Formal Interview - External | <input type="checkbox"/> |
| | Date: | | | |
| Signature | | | | |
| Complainant / Appellant | | Date | | |
| Participant 1 | | Date | | |
| Participant 2 | | Date | | |
| Supervisor | | Date | | |



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|---------------------------------------|----------------------------------|--------------------------|-----------------------------|--------------------------|
| Complaint's Name: | | | | |
| Formal Intervention - External | | | | |
| Meeting Date | | | | |
| Participants: | | | | |
| Details | | | | |
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| Resolution / Conclusion | | | | |
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| Escalated / Resolved | Resolved | <input type="checkbox"/> | Internal Review | <input type="checkbox"/> |
| | Informal Intervention - Internal | <input type="checkbox"/> | Formal Interview - External | <input type="checkbox"/> |
| | Date: | | | |
| Signature | | | | |
| Complainant / Appellant | | Date | | |
| Participant 1 | | Date | | |
| Participant 2 | | Date | | |
| Supervisor | | Date | | |