

THIS FORM IS NOT TO BE USED FOR MATTERS RELATING TO THE EMPLOYMENT RELATIONSHIP. FOR SUCH MATTERS USE THE 'REGISTRATION OF EMPLOYEE GRIEVANCE' FORM.

WE REALLY WANT TO HEAR FROM YOU – PLEASE LET US KNOW HOW WE CAN IMPROVE WHAT WE DO.

What is the idea, suggestion or problem?

Complaint Compliment Idea

What is your suggested solution? _____

Suggested by (Your name is optional): _____

Please Print

Date ____ / ____ / ____

Department: _____

Brief Description of Grievance: [Who is involved and the Issue(s)] _____

OFFICE USE ONLY

THIS FORM MUST BE FORWARDED TO THE HEAD OF DEPARTMENT OR MANAGER
PLEASE REFER TO **PROCEDURE 7:S:001:S:001, COMPLAINTS, COMPLIMENTS AND IDEAS**

Name of Head of Department or Manager to whom form forwarded: _____

Date received ____ / ____ / ____

Acknowledged within 5 working days Yes No

Action taken? _____

Matter resolved: Yes Date ____ / ____ / ____ (Refer to procedure for reporting requirements)

Matter remains unresolved:

Matter relates to another Department Yes No..... Date ____ / ____ / ____

Matter relates to Occupational Safety and Health Yes No..... Date ____ / ____ / ____

Action Plan written: Date ____ / ____ / ____

Complainant advised of progress within 14 working days..... Yes No

Complainant Satisfied: Date ____ / ____ / ____ Matter resolved Date ____ / ____ / ____

Matter closed Date ____ / ____ / ____ (Refer to procedure for reporting requirements)