Complaint / Grievance Form

Confidential Employee Complaint Form

Template Version 1.0 | June 2026

Confidentiality Notice

This form is strictly confidential. Information provided will only be shared with those who need to know in order to investigate and resolve your complaint. All parties involved in the process are required to maintain confidentiality.

Section 1: Complainant Details

Full Name *

Employee ID (if applicable)

Position / Job Title *

Department *

Email Address *

Phone Number

Preferred method of contact

Manager / Supervisor Name

Section 2: Type of Complaint

Please indicate the nature of your complaint (select all that apply):

- [ ] Bullying
- [ ] Harassment (including sexual harassment)
- [ ] Discrimination
- [ ] Workplace health and safety
- [ ] Unfair treatment
- [ ] Policy or procedure breach
- [ ] Interpersonal conflict
- [ ] Management conduct
- [ ] Other (please specify below)

If other, please specify:

Section 3: Details of Complaint

Person(s) Involved

Please provide details of the person(s) your complaint relates to:

Name(s)

Position(s)

Department(s)

Relationship to you (e.g., supervisor, colleague)

Incident Details

Date(s) of incident(s) *

Time(s) of incident(s)

Location(s) of incident(s) *

Please describe in detail what happened. Include specific incidents, behaviours, and any relevant context: *

Section 4: Witnesses and Evidence

Witnesses

Please list any witnesses who may have observed the incident(s):

Witness 1: Name, Position, Department

Witness 2: Name, Position, Department

Witness 3: Name, Position, Department

Supporting Evidence

Please list any documents, emails, messages, or other evidence you have to support your complaint:

Evidence description:

- [ ] I have attached/will provide copies of supporting evidence
- [ ] I am unable to provide evidence at this time

Section 5: Previous Actions

Have you previously reported this matter or attempted to resolve it?

- [ ] Yes
- [ ] No

If yes, please provide details (who you reported to, when, and what action was taken):

Section 6: Desired Outcome

Please indicate what outcome(s) you would like from this complaint process (select all that apply):

- [ ] Formal investigation
- [ ] Mediation or facilitated discussion
- [ ] An apology
- [ ] Training or education for the person(s) involved
- [ ] Changes to workplace policies or procedures
- [ ] Transfer or reassignment (yourself or other party)
- [ ] Disciplinary action against the person(s) involved
- [ ] No specific outcome - just want the matter on record
- [ ] Other (please specify below)

If other, please specify:

Please provide any additional information about the outcome you are seeking:

Section 7: Support During This Process

Would you like a support person present during any investigation meetings?

- [ ] Yes
- [ ] No
- [ ] Unsure - please contact me to discuss

If yes, support person name and contact details:

Do you have any concerns about participating in an investigation process?

Please describe any concerns:

Section 8: Declaration

- I declare that the information I have provided in this form is true and accurate to the best of my knowledge.
- I understand that making false or malicious allegations may result in disciplinary action.
- I understand that this complaint will be handled confidentially and in accordance with the organisation's complaint handling procedures.
- I agree to participate in any investigation process as required.
- I understand that I am protected from victimisation or retaliation for making this complaint in good faith.

Complainant Signature: _____

Date: _____

For Office Use Only

Date Received: _____ Received By: _____

Complaint Reference Number: _____

Initial Assessment:

- ☐ Formal Investigation
- ☐ Informal Resolution
- ☐ Mediation
- ☐ Referred to External Body
- ☐ No Further Action

Assigned Investigator: _____ Date Assigned: _____

Support Resources

If you are experiencing distress as a result of workplace issues, the following support services are available:

- Employee Assistance Program (EAP): Contact HR for your organisation's EAP details
- Fair Work Commission: 1300 799 675 | www.fwc.gov.au
- Australian Human Rights Commission: 1300 656 419 | www.humanrights.gov.au
- Safe Work Australia: www.safeworkaustralia.gov.au
- Lifeline: 13 11 14
- Beyond Blue: 1300 22 4636