Workplace Grievance Form

Formal Workplace Concern Report

Template Version 1.0 | June 2026

Confidential Document

This grievance will be handled confidentially in accordance with workplace policies and Fair Work principles. Information will only be shared with those who need to know to investigate and resolve the matter. You are protected from victimisation for raising a genuine grievance.

Section 1: Employee Details

Full Name *

Employee ID

Position / Job Title *

Department / Team *

Email Address *

Contact Phone

Manager / Supervisor Name

Preferred Contact Method

Date of Submission *

Section 2: Type of Grievance

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

- [ ] Terms and conditions of employment
- [ ] Workplace health and safety concerns
- [ ] Rostering or scheduling issues
- [ ] Pay or entitlements dispute
- [ ] Leave application or management
- [ ] Workload or job duties
- [ ] Training or development opportunities

- [ ] Equipment, resources or working conditions
- [ ] Application of workplace policy
- [ ] Management decisions affecting me
- [ ] Interpersonal conflict (not bullying/harassment)
- [ ] Performance management process
- [ ] Career progression or promotion
- [ ] Other (please specify below)

If other, please specify:

Section 3: Details of Grievance

Background

Please describe the circumstances leading to this grievance: *

Specific Incident(s)

Date(s) of Incident(s) *

Location

Describe what happened (be specific about actions, words, decisions): *

Impact

How has this situation affected you? (work, wellbeing, etc.)

Section 4: People Involved

Name(s) of person(s) your grievance relates to

Their position(s) and department(s)

Your working relationship with them

Witnesses

Witness 1 - Name and Position

Witness 2 - Name and Position

Witness 3 - Name and Position

Section 5: Previous Attempts to Resolve

Have you tried to resolve this matter informally?

- [ ] Yes - spoke directly with the person involved
- [ ] Yes - raised with my supervisor/manager
- [ ] Yes - contacted HR
- [ ] No - did not feel able to raise informally
- [ ] No - matter is too serious for informal resolution

If yes, what happened? What was the response?

Section 6: Supporting Documentation

Do you have any documents, emails, or other evidence to support your grievance?

- [ ] Emails or written communications
- [ ] Policies or procedures (alleged breach)
- [ ] Witness statements
- [ ] Photos or screenshots

- [ ] Medical certificates or reports
- [ ] Performance reviews or feedback
- [ ] Rosters or timesheets
- [ ] Other documents (please list)
- [ ] No supporting documentation available

List of attachments:

Section 7: Desired Outcome

What outcome are you seeking from this grievance process?

- [ ] Acknowledgement that the issue occurred
- [ ] Apology
- [ ] Explanation of decision or action
- [ ] Reversal or modification of a decision
- [ ] Change to workplace policy or practice
- [ ] Mediation or facilitated discussion
- [ ] Transfer or change of duties
- [ ] Training for relevant parties
- [ ] Formal investigation
- [ ] No specific outcome - just want it on record
- [ ] Other (please specify)

Please explain your desired outcome in more detail:

Section 8: Support Person

Would you like a support person present during grievance meetings?

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

Support person name and contact (if known)

Section 9: Declaration

- I declare that the information provided in this grievance is true and accurate to the best of my knowledge.
- I understand that making deliberately false or malicious allegations may result in disciplinary action.
- I agree to participate in the grievance resolution process in good faith.
- I understand that this grievance will be handled confidentially.
- I understand that I am protected from victimisation for raising this grievance.
- I consent to relevant information being shared with those who need to know to resolve this matter.

Employee Signature

Signature: _____ Date: _____

Section 10: For Office Use Only

Date Received

Received By

Grievance Reference Number

Initial Assessment:

- [ ] Formal investigation required
- [ ] Informal resolution appropriate
- [ ] Mediation recommended
- [ ] Referred to external body
- [ ] More information needed

Assigned Grievance Officer

Target Resolution Date

Initial notes:

Support Resources

If you need support during this process:

- Employee Assistance Program (EAP): Contact HR for your organisation's EAP details
- Fair Work Commission: 1300 799 675 | www.fwc.gov.au
- Fair Work Ombudsman: 13 13 94 | www.fairwork.gov.au

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