



## GRIEVANCE REPORT FORM

---

*This form is to be used by employees who have a grievance that they have not been able to resolve through informal discussion. Providing the information below and confirming your contact details will assist staff at Djarindjin Aboriginal Corporation (**the Company**) to address your grievance in a timely manner. Failure to provide the requested information may result in a delay in processing your grievance.*

Employee name: \_\_\_\_\_ Employee number: \_\_\_\_\_

Department: \_\_\_\_\_ Manager: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Please tick what type of grievance applies**

- Sexual Harassment     Sexual Discrimination     Racial Discrimination  
 Physical Abuse     Verbal Abuse     Other, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Date of the incident:**

*(include date range where relevant)*

\_\_\_\_\_

**The people involved in the incident were:**

\_\_\_\_\_  
\_\_\_\_\_

**The details of the grievance are as follows (including time, place and witnesses):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I would like the following action to be undertaken by the Company:**

---

---

---

---

**I attempted to resolve this grievance informally as set out below:**

*Please provide any supporting documentation.*

---

---

---

---

**Declaration:**

*I declare that the information given on this form is true and correct.*

.....  
**Employee Signature**

.....  
**Date:**