

Complaint, grievance and appeal form

HRD Integrated Services is committed to providing you with a high quality service. If you have a complaint or grievance, you are encouraged to resolve your problem informally through discussion with the other person(s).

If informal resolution is unsuccessful, or if you elect to not seek informal resolution, you may use this form to formally lodge a complaint, grievance or give notice of an appeal.

Notice of a complaint or appeal must be lodged within 30 days of an event or incident occurring.

HRD will make every reasonable effort to respond to your complaint, grievance or appeal request within 10 working days and arrive at a decision within a further 10 working days

6 ,			0 /					
Complaint/appeal	I am making a		A trainer/assessor		Bullying, harassment, equal opportunity			
	complaint about:		Assessment		Privacy			
			Another student		An aspect of HRD's service			
	I am appealing an		Assessment		A decision about a general matter			
Your details	Name							
	Address							
	Phone no							
	Email address							
Detail/statement	Please provide details of your complaint, grievance or request for appeal.							
	(If space is insufficient, at	tach a s	separate sheet.)					

Desired outcome	What action would you like us to take to resolve the complaint or grievance?								
	(If space is insufficie	ent, attach a separate sh	eet.)						
Date									
Your signature									
Office use only									
C/A No:		Date received		Received by					
Completed form is filed in job folder/trainee evidence folder/HR file									
Decision/recommendation Attach copies of relevant con		Complainant/appellant noti of outcome?		☐ Yes ☐ No Date					
					Date				
HRD review officer signature				Date					