Complaints and Grievance

Details of who is lodging the Complaint/Grievance:		
Complainant's name:		
Address:		
Email address:		
Telephone number:	Mobile number:	
Company name (if applicable):	Position:	
Details of the Complaint /Grievance:		
Name:	**Signature:**	**Date:**
Suggested solution or outcome:		
Name:	**Signature:**	**Date:**

OFFICE USE:

Initial contact made with: _____Date: _____ Time: _____

Initial review conducted by: _____ Date: _____

Correspondence issued: ☐ Yes ☐ No Date: _____

CEO Review conducted (if required): Date: _____

Correspondence issued: ☐ Yes ☐ No Date:_____

Third Party required: ☐ Yes ☐ No Third Party:_____

Resolution: ☐ Yes ☐ No Correspondence issued: ☐ Yes ☐ No Date: _____

Complaints and Grievances Register updated and records uploaded to file: Date: _____ By: _____