

Grievance Form

GRIEVANCE REGISTRATION #: (GXXX/yyyy)		
Date:	Time:	Filed by:
Complaint received via:		
In person: <input type="checkbox"/>	By Phone: <input type="checkbox"/>	By email: <input type="checkbox"/> Other: <input type="checkbox"/>
Complainant Name:	Complainant gender: M / F	Complainant occupation:
Complainant contact (address, tel. number):		
What is the best way to contact complainant?		
Preferred time of day to contact complainant:		
<input type="checkbox"/> The complainant is filing an individual complaint		
<input type="checkbox"/> The complainant is representing a group or a community		
- Name of the group or community:		
- Nature of the group or community:		
- Location/address:		
Description of the grievance:		
GRIEVANCE TREATMENT		
Date of the response:	Filed by:	
Proposed action(s) to remedy to the grievance:		
Complainants acceptance of the proposed action:		
GRIEVANCE CLOSURE		
Date of grievance closure:	Filed by:	
Ending of the grievance treatment:		
Reference in Commitment Register:		