

# Capricorn Citizen Advocacy

## STAFF GRIEVANCE RECORD FORM

<b>Form Number:</b>	<b>6.5.1.1</b>	<b>Approved by Management Committee:</b>	27th March 2024
<b>Version:</b>	<b>4.0</b>	<b>Signed off by Executive:</b>	27th March 2024
<b>Responsible person:</b>	<b>Coordinator</b>	<b>Scheduled Review Date:</b>	27th March 2027

**DATE & TIME GRIEVANCE RECEIVED:**       /       /       @       :       am/pm

**HOW GRIEVANCE RECEIVED:**    Note Name & Role of Persons involved.

In person (from \_\_\_\_\_ to \_\_\_\_\_)

Phone (from \_\_\_\_\_ to \_\_\_\_\_)

Written (from \_\_\_\_\_ to \_\_\_\_\_)

Email (from \_\_\_\_\_ to \_\_\_\_\_)

**COMPLAINANT'S DETAILS:**

Name: \_\_\_\_\_

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

\_\_\_\_\_

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

Email address: \_\_\_\_\_

**RESPONDENT'S DETAILS:**

Name: \_\_\_\_\_

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

\_\_\_\_\_

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

Email address: \_\_\_\_\_

**DETAILS OF GRIEVANCE: (attach additional information if required)**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

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Names: \_\_\_\_\_

Nature of Grievance: \_\_\_\_\_

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Action taken by complainant at the time: \_\_\_\_\_

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Any further Details: \_\_\_\_\_

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**COMPLAINANT'S PREFERRED OUTCOME:**

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Has respondent been provided with details of the grievance?  Yes  No

**RESPONDENT'S RESPONSE TO GRIEVANCE:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ACTION TAKEN BY CCA:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ACTUAL OUTCOME OF GRIEVANCE:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**COMPLAINANT'S STATEMENT**

I \_\_\_\_\_ am / am not (circle appropriate response)  
satisfied with the way in which my grievance has been addressed and the outcome that has been achieved.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

This record or grievance will be kept securely in a confidential grievance file at the office of Capricorn Citizen Advocacy and a full copy of this record of grievance will be given to both the complainant and respondent.

**PERSON RESPONSIBLE FOR GRIEVANCE PROCESS:**

Name: \_\_\_\_\_

Role: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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