**GRIEVANCE / COMPLAINT FORM**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **COMPLAINANT INFORMATION** | | | | |
| **LAST NAME** | | **FIRST NAME** | | **CONTACT NUMBER** |
|  | |  | |  |
| **GRIEVANCE/FEEDBACK INFORMATION** | | | | |
| **STAFF CONCERNED/INVOLVED**  *(Write NA if not applicable)* | | | **CLIENT CONCERNED/INVOLVED**  *(Write NA if not applicable)* | |
|  | | |  | |
| **DETAILS OF THE MATTER TO BE RAISED.**  (Please include DATES and TIME AS WELL AS NAMES OF PERSONS INVOLVED) | | | | |
|  | | | | |
| **HAVE YOU ATTEMPTED TO DISCUSS THIS COMPLAINT WITH THE CONCERNED STAFF OR CLIENT? IF SO GIVE DETAILS ABOUT THIS.** | | | | |
|  | | | | |
| **RESOLUTION PROCESS**  (Please check the box corresponding to the course of action you wish to proceed with) | | | | |
|  | ***I DO NOT WANT TO PROCEED FURTHER WITH THIS COMPLAINT*** | | | |
|  | ***I WANT TO BE ASSISTED TO MEET THE:***  \_\_\_\_ Staff’s Immediate Supervisor \_\_\_\_ Training Center Superintendent  \_\_\_\_ Client’s Case Manager \_\_\_\_ Client’s Family Member  \_\_\_\_ Other person (please specify, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | | | |
|  | ***I WANT TO PURSUE A FORMAL COMPLAINT/INVESTIGATION*** | | | |
| **SIGNATURE OF COMPLAINANT**  (Thumbmark is acceptable for those who cannot sign) | | | | **DATE SUBMITTED** |
|  | | | |  |
| **For OFFICE USE ONLY** | | | | |
| **RECEIVER** | | | | **DATE RECEIVED** |
|  | | | |  |
| **GRIEVANCE/COMPLAINT RECEIVED THROUGH:** | | | | |
| \_\_\_ Hand-in/In-person \_\_\_\_ E-mail \_\_\_\_ Courier \_\_\_\_ Fax \_\_\_\_ Others: | | | | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **For OFFICE USE ONLY** | | | | | | | | | |
| **RESOLUTION RESPONSE** | | | | | | | | | |
| **GRIEVANCE REVIEWED BY** | | | | | | **POSITION OR DESIGNATION** | | | |
|  | | | | | |  | | | |
| **RECOMMENDED ACTION** | | | | | | | | | |
|  | | | | | | | | | |
| **TYPE OF RESOLUTION** (please check appropriate box) | | | | | | | | | |
|  | Mediation | |  | External consultation |  | | Referral for formal complaint |  | Other |
| **LEVEL OF RESOLUTION** | | | | | | | | | |
|  | Immediate Supervisor | |  | Management |  | | Grievance Committee |  | Other |
| **RESOLUTION STATUS** (to be updated at the end of each quarter)  Please check appropriate box | | | | | | | | | |
|  | | Resolution is still pending/in progress | | | | | | | |
|  | | Grievance is withdrawn and is considered closed  Indicate reason for withdrawal: | | | | | | | |
|  | | Grievance dismissed  Indicate reason for dismissal: | | | | | | | |