**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|  | Grievance is withdrawn and is considered closedIndicate reason for withdrawal: |
|  | Grievance dismissedIndicate reason for dismissal: |