



Njernda Aboriginal Corporation

NJERNDABORIGINAL CORPORATION COMPLAINTS AND GRIEVANCE FORM

This form is to be filled out by a person who wishes to make a complaint about the behaviour or actions of an employee or a person who is a Director of the Njernda Aboriginal Corporation.

OFFICE USE ONLY

Date Form received by Corporation: _____/_____/_____
Date Entered into the Register: _____/_____/_____
Date Letter of Acknowledgment Sent: _____/_____/_____
Date Investigation Panel Formed: _____/_____/_____
Date Findings & Outcome Letter Sent: _____/_____/_____
Date Dealt with by COM: _____/_____/_____

Part 1 ~ Complaints Personal Details

Name: _____

Address: _____

Town: _____ State: _____ Postcode: _____

Part 2 ~ Incident Details

Date: _____/_____/_____ Time of Incident: _____am/pm

Location of Incident: _____

Name/s of Staff Member/s or Director/s involved in incident:

1. _____

2. _____

3. _____

Name/s of Staff Member/s or Director/s involved in incident:

1. _____ Phone No: _____

2. _____ Phone No: _____

3. _____ Phone No: _____

