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| Title: | Complaints and Grievances Form | FORM HR 4.13.01 |
| Complainant Name: | | Date: |
| Address: | | |
| Contact No's | Home: | Work: |
| Nature of complaint or grievance: | | |
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| Where did it happen? | | |
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| Supporting documents: | | |
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| How has this affected you? | | |
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| Complainant suggested solution: | | |
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|--|-----------------------|
| Complainant Signature: | |
| OFFICE USE ONLY | |
| Reported to: | Position: |
| Date Complaint Received: | Time Received: |
| Signature: | |
| Resolution: | |
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| CEO/Director's Comments: | |
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| Resolved: Yes No | Date: |
| Follow up required: Yes No | Details: |
| Arbitrator required: Yes No | |
| CEO/Director's Signature: | |
| Date: | |
| Reporting Details | |
| Reported to Staff or Management Meeting on: | Date: |
| Details of corrective action taken to mitigate the likelihood of re-occurrence: | |
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| CEO/Director's Signature: | |
| Date: | |