

EMPLOYEE RELATIONS

**-CONFIDENTIAL-
STAFF GRIEVANCE REGISTRATION FORM**

This registration form is to be completed if you wish to lodge a formal grievance. The information provided will be used to record the details of your grievance and will enable the resolution process to be tracked by the Equity and Diversity Officer (staff) who is located within the Employee Relations team.

Please fill out the form and give it to your supervisor or relevant manager. A copy of this form will then be made and forwarded to the Team Leader Employee Relations.

When the grievance is finalised, please sign the original form and forward it to the Team Leader Employee Relations under confidential cover C/- 1.371, HR Services, Joondalup Campus.

EMPLOYEE DETAILS (AGGRIEVED OFFICER)

Name: _____

Faculty/Centre: _____

School/Section/Unit: _____

Date Grievance Lodged: _____

Details of Grievance (Outline how a decision, action or procedure has been detrimental and the action or remedy being sought. Attach extra pages if necessary.)

Signature

Date

SUPERVISOR/MANAGER (Please fill in your details and then forward a copy of this form and any attachments to the Equity and Diversity Officer (staff) within HR Services under confidential cover).

Supervisor/Manager Name : _____

Position _____

School/Section/Unit: _____

Date Grievance Received: _____

Actions taken to resolve grievance (Attach extra pages if necessary)

Signature

Date

Grievance Resolved **YES** **NO**

**Employee Signature
(Aggrieved officer)**

Date

HR USE ONLY

Number: _____