Grievances Submission and Resolution Form

GRIEVANCE FORM	
Official Use - Reference No (assigned by the receiving official):	
Date:	
Please enter your contact information and grievance. This information will be dealt with the highest level of confidence.	
Please note: If you wish to remain anonymous, please enter your comment/grievance in the box below without indicating any contact information your comments will still be considered by the receiving official.	
Full Name of Complainant	
Anonymous Submission:	☐ I want to remain anonymous
Please mark how you wish to be contacted (mail, telephone, e-mail).	☐ By Email (Please provide mailing address):..... ☐ By Telephone (Please provide Telephone number): ....
Description of incident or grievance: ***What happened? Where did it happen? Who did it happen to? What is the result of the problem? Attach supporting documents if necessary.***	
Date of Grievance:	☐ One time incident/grievance (date .....) ☐ Happened more than once (how many times? .....) ☐ On-going (currently experiencing problem)
What steps or solutions do you think would effectively address the issue?	

GRIEVANCE RESOLUTION FORM			
Reference No:			
Name of Complainant:		**Name of Respondent:**	
Date of Complaint Submission:		**Date of Resolution:**	
Description of grievance:			
Corrective Action:			
Response Satisfactory? ☐ **Yes** ☐ **No**	**Signature of Complainant**		