



**WORK Solutions**

## EMPLOYEE COMPLAINT FORM

Work Solutions (Melb) Pty Ltd. treats all complaints with the utmost seriousness. To assist us in conducting a thorough and fair investigation, please complete this form with as much detail as possible. You may attach additional pages if required.

Following a prompt and comprehensive review of your concerns, you will be informed of the outcome and any intended actions.

### 1. Employee Details:

<b>Full Name:</b>		<b>Date:</b>	
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<b>Council:</b>			
<b>Job Title:</b>			
<b>Supervisor/s:</b>			
<b>Reported to:</b>			

### 2. Complaint Details:

<b>Date of Occurrence:</b>			
<b>Location:</b>			
<b>Time:</b>			

### 3. Type of Complaint *(please tick one or more)*:

- Harassment
  - Discrimination
  - Bullying
  - Unsafe Working Conditions
  - Misconduct
  - Policy/Code of Conduct Violation
  - Other (please specify):
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**4. Description of Complaint:**

Please provide a detailed description of the incident(s), including what happened, who was involved, and any other relevant background information.

**5. Desired Outcomes:**

What outcome are you seeking from this complaint?

**6. Declaration:**

I confirm that the information provided in this complaint is true and accurate to the best of my knowledge.

Employee Signature:

Date:

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