

Dispute Resolution / Complaint Form

NB: If more space is required, please attach additional pages to this form.

Date:

Name of person taking complaint:

Name of complainant:

Name of respondent:

Type of complaint: *(please tick)*

- Client complaint
- Staff grievance
- Workplace discrimination or harassment
- Complaint re: recruitment and selection process

Outline circumstances of complaint: *(including date/s of incident, description of incident; an follow-up action taken by complainant)*

Outline any information / advice provided to complainant:

Outline actions to be taken:

Signature of person taking complaint: _____

Any further documentation arising from the resolution of the complaint is to be attached to this form. This form is to be stored confidentially as per the Privacy and Confidentiality Policy.

Other contacts:

Office of Fair Trading: 1300 658 030 www.fairtrading.qld.gov.au

Queensland Aged and Disability Advocacy Inc.: 1800 818338 e: info@qada.org.au

Queensland Department of Justice Mediation Service: 1800 017288

Tenants' Union of Queensland: 1800 177761