

Refer to the [Complaint Policy - Staff](#) and [Procedures](#) before completing this Report.

Section 1 *(to be completed by person making the complaint)*

Name: Date:

Work unit: Contact number:

Outline details of the alleged complaint *(attach full details)*:

.....

.....

.....

.....

.....

Outcome sought:

.....

.....

.....

Has the alleged complaint been made elsewhere *(if yes, provide details)*: ☐ Yes ☐ No

.....

.....

I acknowledge that I have read the [Complaint Policy - Staff](#) and that I will be bound by its provisions. I confirm that this alleged complaint has been submitted in accordance with the [Complaint Policy - Staff](#).

Signature: Date:

If required, employees may access support through the University's Employee Assistance Program. Details are available on the website

Section 2 *(to be completed by complainant's Supervisor/Head of Work Unit)*

Action taken *(to be completed by Supervisor / Head of Work Unit)*:

.....

.....

.....

.....

.....

Supervisor/Head of Work Unit's name: Date:

Supervisor/Head of Work Unit's signature: