

Employee Complaint Form

Privacy Disclaimer:

Personal information collected by the Department of Health or Gold Coast Hospital and Health Service is handled in accordance with the *Information Privacy Act 2009*. The personal information provided by you will be securely stored and made available only to appropriately authorised officers of the GCHHS (or its agents). Personal information recorded on this form will not be disclosed to other parties without your consent, unless required by law.

Instructions in completing this form:

This applies to documenting a staff complaint in accordance with GCHHS Guideline GL0968: Resolution of complaints at the local level

Personal Details

Surname Given Name

Work email address Home email address

Telephone number: work mobile home

Position/title Classification e.g. PO2, AO3

Branch/unit and address

Hospital/facility and location district

Home postal address - Street address, suburb, state and post code

Employment Equity - Please tick the relevant box/boxes if you identify with any of the following groups

Aboriginal or Torres Strait Islanders Persons with a disability Women

Persons of Non-English speaking background Australian South Sea Islanders

Details of representatives (if applicable)

Union - Contact name, organisation, postal address and phone number

Solicitor - Contact name, organisation, post address and phone number

Preferred method of correspondence - Please tick

Phone Email Post to work address Post to home address

via Union via Solicitor

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Specifics of the complaint

Name(s) of those involved in the complaint

Name(s) of those who witnessed the incident(s) (if any)

The place of the incident(s)

Date and time of the incident(s)

What was said or done? - Include direct speech quotes where relevant

Steps taken so far to resolve the complaint

Source of the problem. Why the problem arose and how this can be prevented in the future

Complainant signature

Signature

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Printed Name

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Date

	/		/	
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Received by

Signature

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Printed Name

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Date

	/		/	
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