Event Personnel Australia

GRIEVANCE REPORT FORM

Form to be given to relevant supervisor / manager or emailed to head office at admin@eventpersonnelaustralia.com.au

Name of employee: _____
Position: _____
Address: _____
Email Address: _____
Contact Number: _____

Summary of Grievance (please include dates, times, locations, names, any conversations / reports made):

_____
_____
_____
_____
_____
_____
_____
_____
_____

Desired Outcome:

_____
_____
_____

Any witnesses to be included in this report?
Name: _____
Contact Number: _____

Signature of employee: _____ **Date of lodgment:** _____

Name of person receiving report _____

Signature _____ **Date:** _____