



Phone 02 9779 9999
 Fax 02 9779 9998
 Email admin@inhomechildcare.com.au
 Website www.nswfdc.org.au

7.1A COMPLAINTS & GRIEVANCE FORM

A grievance is a problem you might experience with a family, co-worker, Family Liaison Officer, Service Provider or NSWIHCS. The grievance/complaint may not have been able to be resolved through speaking with the person you have a grievance with. This form is to be used to document your grievance/complaint, assisting you in providing a constructive solution that benefits all parties.

Name:

Date:/...../.....

Contact Details:

.....

Please tick which type of grievance applies:

- Operations
- Administrations
- Sexual Harassment
- Racial Discrimination
- Physical Abuse
- Verbal Abuse
- Other, please specify:

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Details of Grievance/Complaint

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I would like the following actions to be undertaken by NSWIHCS

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I attempted to resolve this grievance/complaint informally as listed below:

Date	Person discussed grievance/complaint with	Discussion notes/outcome

If you have any documentation to support your grievance/complaint, please submit them along with this form.

Declaration:

I declare that the following information given on this form is true and correct.

Signature: **Date:**/...../.....

Office Use Only:

Date received	Name of recipient
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