



COMPLAINT REPORT FORM

This form is to be used by Employees or individuals who have a formal complaint they have not been able to resolve through informal discussion. Providing the information below and confirming your contact details will assist HCPSL address your formal complaint in a timely manner. Failure to provide the requested information may result in a delay in processing your formal complaint.

Name: _____

Email: _____

Phone: _____

Address: _____

Please tick what type of complaint applies:

☐ Sexual Harassment

☐ Sexual Discrimination

☐ Racial Discrimination

☐ Physical Abuse

☐ Verbal Abuse

☐ Other, please explain:

Date of the incident:

(include date range where relevant)

The people involved in the incident were:

The details of the complaint are as follows (including time, place and witnesses):

I would like the following action to be undertaken by the Company:

I declare that I have attempted to resolve this complaint informally (provide evidence below):

Please provide any supporting documentation.

Declaration:

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

.....
Complainants Signature

.....
Date

Please return the completed form to the HCPSL Company Manager (or Chairperson if appropriate to do so).

Manager: aroyle@hcpsl.com.au

Chairperson: chair@hcpsl.com.au