

**Workforce Solutions – Employer Services Division  
Complaint/Grievance Report**

Date Received

\_\_\_\_/\_\_\_\_/20\_\_\_\_

**Part I**

<b>Complainant's Information</b>		<b>Respondent's Information</b>	
1. NAME OF COMPLAINANT (Last, First, Middle Initial)		4. NAME OF PERSON(S) COMPLAINT MADE AGAINST	
2. ADDRESS (No., St., City, State, ZIP Code)		POSITION(S) 5. LOCATION	
3. TELEPHONE NUMBER ( ) --		6. TELEPHONE NUMBER ( ) --	
8. DESCRIPTION OF COMPLAINT OR GRIEVANCE (If additional space is needed, use separate sheet(s) of paper and attach to this form.)			
9. To the best recollection, on what date(s) did the alleged incident(s) take place?			
Date of first occurrence		Date of most recent occurrence	
/ /		/ /	
<b>VALIDATION</b>			
10. PREPARED BY		11. POSITION	
12. SIGNATURE OF COMPLAINANT (if applicable)			

**Part II. For Staff Use Only**

1. REVIEWED BY	2. POSITION
3. LOCATION	4. TELEPHONE NUMBER (     )     --

**NEXT ACTION STEP CHECK LIST**

<input type="checkbox"/> Follow up letter to complainant within 24 hours of receipt	
<input type="checkbox"/> Investigation with fact-finding information	
<input type="checkbox"/> Notification to complainant if more than 72 hours	
<input type="checkbox"/> Resolution presented to complainant	
<input type="checkbox"/> Customer is satisfied and agrees to resolution	
<input type="checkbox"/> Notification of outcome sent to all parties involved	
<input type="checkbox"/> Information forwarded to Management Team	
<input type="checkbox"/> Copy of corrective action plan filed with report	
<input type="checkbox"/> Follow up on resolution plan to monitor improvements	
<input type="checkbox"/> Training development for systemic problems (if applicable)	

**CUSTOMER IS NOT SATISFIED WITH RESOLUTION**

<input type="checkbox"/> Senior management contact information is given to complainant	
<input type="checkbox"/> If still no resolution, Senior Officer contact information is given to complainant H-GAC	