# Attachment A: Internal Grievance Form

Name of the Complainant:

Phone Number:

Email:

Date:

Team/Directorate, Conference/Central Council:

Name of Respondent:

Team/Directorate, Conference/Central Council:

Relationship of the Respondent to the Complainant (manager, co-worker, client, etc.):

Phone Number:

Email:

**Date of Incident:**

*(If more than one event, please provide details of all incidents separately.)*

**Where did the incident/s occur?**

**Please describe what occurred.**

**How did you react to the situation? Did you take any action to address the situation?**

**Describe any effects as a result of the incident/s**

**Were there any witnesses to the incident/s? (provide names and describe their involvement)**

**Is there any physical evidence that supports your grievance? If so, please describe or attach copy of evidence.**

**What outcome do you suggest will resolve this grievance?**

The information provided in this grievance is true and correct to the best of my knowledge. I am willing to cooperate fully in any investigation of my grievance and provide whatever evidence the Society deems relevant.

Signature: Date:

*Members please return this form to your relevant President and/or your Regional Director. Volunteers please return this form to your Supervisor/Manager or their Manager, as required. Employees please return this form to the relevant manager or People and Culture Partner.*

*This form may also be used for the purpose of taking notes of a grievance that is reported to a President, Regional Director, or Manager.*

Did someone help you complete this form? If so, please provide their details.