

Employee Grievance and Complaint

Complainant's name:	Date:
Complainant's contact details:	Phone: Email:
Complainant's role/status in MCCA	<input type="checkbox"/> Staff (paid) <input type="checkbox"/> Volunteer <input type="checkbox"/> Member <input type="checkbox"/> Other (specify)

Have you already discussed this with your Manager/Supervisor? Yes No

Provide a brief summary of your grievance / complaint:	<i>(Describe what happened, when and where, how your employment has been affected, and indicate names of others involved. Additional pages may be attached. Attach any other supporting documentation.)</i>
What steps have you taken to resolve your grievance?	
Indicate what action(s) would resolve your grievance?	

Employee Acknowledgement:

- I have read and understood the MCCA Grievance and Complaints Procedure.
- I understand that the information I have provided in my grievance may be shared in part or in full with other employees or managers as deemed necessary by MCCA Management.
- By submitting this form, I confirm that the information provided is true and correct.

Signature _____

Date _____

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Interim action (if any) taken (to ensure consumer's safety and/or to support needs of person complained about)	
Police contacted:	Person contacted: When: Advice provided:
Government agency contacted:	Person contacted: When: Advice provided:
President and/or Board of Management contacted	Person contacted: When:
Police and/or government agency investigation:	Finding:
Internal investigation: (if any)	Finding:
Action taken:	

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Record completed by :	Name: Position: Signature: Date:
Signature of Complainant (if not a child)	Date:

This record and any notes must be kept in a confidential and safe place and provided to the relevant authorities (police and other relevant government agencies) should they require them.