

STEP 1 GRIEVANCE PROCEDURE

This form should be returned to the APPRENTICES PLUS PTY LTD upon completion via fax or mail to the above address.	
Date:	Reference (tick)
To:	Trainee input/feedback
From:	Employer input/feedback
Workplace:	MTA staff internal feedback
Phone:	Internal audit
Fax:	Faults and maintenance
Email:	OH&S incident

<input type="checkbox"/> Action Requested		<input type="checkbox"/> Grievance	
Details:			
Signed:		Date:	
Corrective Action and/or improvement required?			YES/ NO
Details:			Completed by/Date
Preventative action and/or improvements required?			YES/ NO
Details:			Completed by/date
Actions integrated into QA system		YES/ NO	Date:

STEP 2 Record of Grievance Consultation

	Trainee
	Workplace supervisor
	Departmental Manager/director
	Staff member
	Other
Consultation conducted by:	
Date of consultation:	
Details:	
I agree that the details within this form are correct and I understand that the information within this form will be used for the APPRENTICES PLUS PTY LTD's grievance procedure.	
Parties signed	
Consultation facilitator signed:	

STEP 3 Record of Grievance outcomes

	Trainee
	Workplace supervisor
	Departmental Manager/director
	Staff member
	Other
Report completed by:	
Date of consultation:	
Reference to forms or incident	
Details:	
I agree that the details within this form are correct and I understand that the information within this form will be used for the APPRENTICES PLUS PTY LTD's grievance procedure.	
Signed	
Date:	

STEP 4 Grievance action plan

Issued to:
Date:
Grievance consultation conducted by

Policy procedures/ handbook / evidence

Observations/ notes

Action required

Estimated completion date

Action taken to prevent reoccurrence

Status: complete	not yet complete
Signed	
Title of authorised person	
Date	
Approval for implementation:	
Signed	
Date	