

Date: \_\_\_\_\_

# SUGGESTION, COMPLAINT, GRIEVANCE OR APPEAL FORM



If you have a suggestion, complaint, or appeal, please fill out this form and forward it to the Chief Executive Officer; Maud Kearns ([maud@kgt.org.au](mailto:maud@kgt.org.au)).

If you would like feedback regarding your suggestion, complaint, grievance, or appeal, please include your contact details in *Section 2: My Details* below.

## SECTION 1: DETAILS OF SUGGESTION, COMPLAINT, GRIEVANCE OR APPEAL

Nature of suggestion, complaint, grievance or appeal:

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Suggested solution or improvement:

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## SECTION 2: MY DETAILS

<b>First Name:</b>	<b>Surname:</b>
<b>Postal Address:</b>	
<b>Mobile Number:</b>	
<b>Email Address:</b>	
<b>Signature:</b>	

## SECTION 3: KGT OFFICE USE ONLY

<b>Reported to:</b>	<b>Position:</b>	<b>Report #:</b>	
<b>Day &amp; Date Received:</b>		<b>Time received:</b>	
<b>Signature:</b>			
<b>Resolution:</b>			
<b>CEO Comments:</b>			
<b>Matter Resolved:</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<b>Details:</b>
<b>Arbitrator Required:</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
<b>Appeal Required:</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
<b>CEO Signature:</b>			<b>Date:</b>