


Title:	SUGGESTION, COMPLAINT, GRIEVANCE OR APPEAL FORM	 KGT KGT Employment <i>Your Local Apprentice Employment Network Member</i>
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*If you have a suggestion, complaint or appeal, please fill out this form and forward it to the Operations Manager; Richard Owen (richardo@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.*

Date:

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

Nature of suggestion, complaint, grievance or appeal:

Suggested solution or improvement:

SECTION 2: MY DETAILS


First name:	Surname:
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Postal address:

Mobile ph. no:	Home ph. no:	Work ph. no:
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Email:

Signature:	Date:
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SECTION 3: KGT OFFICE USE ONLY

Reported to:	Position:	Report No:
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Day & Date suggestion, complaint or appeal Received:	Time Received:
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Signature:

RESOLUTION:

Manager's Comments:

Suggestion, complaint, grievance or appeal Resolved:	YES	NO	Date:
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Arbitrator Required:	YES	NO	Details:
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Appeal Required:	YES	NO	
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Chief Executive Officer's Signature:	Date: