



## Volunteer Complaint Form

**Confidential once populated  
and will only be seen by  
Investigating parties and**

Step	Detail	YES	NO	Date
Date of Complaint				
Complaint made via	In Person:	<input type="checkbox"/>	<input type="checkbox"/>	
	Telephone:	<input type="checkbox"/>	<input type="checkbox"/>	
	Letter - Attached:	<input type="checkbox"/>	<input type="checkbox"/>	
	Electronic Mail:	<input type="checkbox"/>	<input type="checkbox"/>	
	Other (Please detail)	<input type="checkbox"/>	<input type="checkbox"/>	
Type of Complaint	Discrimination	<input type="checkbox"/>	<input type="checkbox"/>	
	Harassment	<input type="checkbox"/>	<input type="checkbox"/>	
	Bullying	<input type="checkbox"/>	<input type="checkbox"/>	
	Other (Please detail)	<input type="checkbox"/>	<input type="checkbox"/>	
Complaint Made to:				
Position:				
Full Name of complainant or anonymous				
Contact information:				
Address:				
Telephone Number:				

Step	Detail	YES	NO	Date
Mobile Number				
Email:				
Is there an authorised representative for the complaint?		<input type="checkbox"/>	<input type="checkbox"/>	
Complaint Details:(Please continue on an a separate sheet if required)				
What action is being sought bt the combinant to resolve the complaint?				
Is the complainant agreeable to participating in a conflict resolution initiative to determine this complaint?		<input type="checkbox"/>	<input type="checkbox"/>	
Receipt of complaint provided within 14 days? (If 'no' please provide reasons)		<input type="checkbox"/>	<input type="checkbox"/>	
Complainant advised that making a complaint will not affect them adversely. (If 'no' please provide reasons why this was not done)		<input type="checkbox"/>	<input type="checkbox"/>	

Step	Detail	YES	NO	Date
Complainant advised of the complaint management process including privacy protection and confidentiality obligations. (If 'no' please provide reasons why this was not done)		<input type="checkbox"/>	<input type="checkbox"/>	
Initial assessment of complaint completed? If 'no' please provide reasons why this was not done)		<input type="checkbox"/>	<input type="checkbox"/>	
Executive Committee advised? If 'no' please provide reasons why this was not done)		<input type="checkbox"/>	<input type="checkbox"/>	
Investigation / inquiry undertaken? (If 'no' please provide reasons why this was not done)		<input type="checkbox"/>	<input type="checkbox"/>	
Complaint resolved? (If 'yes' what reasons were provided for the decision to the complainant; if 'no' please provide reasons why this was not done)		<input type="checkbox"/>	<input type="checkbox"/>	
Complaint escalated? (If 'yes' please detail reasons why the matter was escalated - please use another sheet if there is insufficient room)		<input type="checkbox"/>	<input type="checkbox"/>	
Complaint forwarded to external agency for resolution?		<input type="checkbox"/>	<input type="checkbox"/>	
Complaint resolved? (If 'yes' what reasons were provided for the decision to the complainant; if 'no' please provide reasons why this was not done)		<input type="checkbox"/>	<input type="checkbox"/>	
Organisational feedback undertaken? (If 'no' please provide reasons why this was not done)		<input type="checkbox"/>	<input type="checkbox"/>	
Are there any further matters outstanding in relation to the complaint? (If 'yes' please detail what further matters remain outstanding)		<input type="checkbox"/>	<input type="checkbox"/>	