

GRIEVANCE AND DISPUTE RESOLUTION REPORT FORM

<p>1. Your details</p> <p>Family Name.....</p> <p>Given Name(s).....</p> <p>Address.....</p> <p>.....</p> <p>Phone Number (Home)..... (Work)..... (Mobile).....</p> <p>Email.....</p>
<p>2. Are you? (Please tick)</p> <p>Employees <input type="checkbox"/></p> <p>Volunteer <input type="checkbox"/></p> <p>Centre user <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p>
<p>3. Have you discussed the matter with a staff member?</p> <p>Yes <input type="checkbox"/></p> <p>If yes when?</p> <p>.....</p> <p>Who dealt with the matter?</p> <p>What was the result?</p> <p>No (Go to 4)</p>
<p>4. Please give details of the complaint and the outcome you are seeking. (You may wish to attach further documentation)</p>
<p>Date.....Signature.....</p>
<p>Privacy Notice: The information used on this form will be used by BBCC to follow up your complaint. The provision of this information is voluntary. It will be stored securely.</p>