**Prospr - Complaints Handling Form**

**Prospr Employees**

**Section 1: Personal Details**

|  |  |
| --- | --- |
| **Employee name** |  |
| **Position** |  |
| **Date of Complaint** |  |

**Section 2: Nature of Complaint**

**1. Type of Complaint (Please check one):**

Work Environment

Colleague Relations

Supervision/Management

Workload

Training/Development

Other (Specify):

**2. Briefly describe the complaint:**

If you prefer to lodge your complaint via phone call, please contact (02) 4216 6668

**Section 3: Details of Complaint**

**3. Specific Incident(s):**

|  |  |
| --- | --- |
| **Date and Time** |  |
| **Location** |  |
| **People Involved** |  |

Please add more details in this section (if applicable):

**4. Impact on your Work Performance (self-assessed):**

No Impact

Minor Impact

Moderate Impact

Severe Impact

**5. Witnesses (if any):**

### **Section 4: Previous Actions Taken**

**6. Have you discussed this matter with anyone previously?**

Yes

No

**7. If yes, please provide details:**

### **Section 5: Desired Outcome**

**8. What resolution or outcome are you seeking from lodging this complaint?**

### **Section 6: Complaint Resolution**

**9. How would you like the complaint to be resolved?**

**10. Supporting Documents:**

Incident Report

Witness Statements

Emails/Correspondence

**Please provide any supporting documentation along with this form to** [feedback@prosperstaffing.com.au](mailto:feedback@prosperstaffing.com.au)

### **Section 7: Declaration**

I, [Employee Name], declare that the information provided in this complaint is true and accurate to the best of my knowledge.

|  |  |
| --- | --- |
| **Employee signature** |  |
| **Date** |  |

### **Section 8: Internal Use Only**

**11. Initial Assessment:**

**12. Investigation Plan:**

**13. Resolution Outcome:**