



Process Owner or Function:
HR Management

Document ID:
AG-HR-FM-002

Rev. No:
01

Effective Date:
01 Nov 17

Title/Subject: Employee Conflict Resolution

1. PERSONAL DETAILS

*Fields mark with an * must be completed.

Title: Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Male ☐ Female ☐

*What is your last name(s)?

*What is your first name(s)?

2. CONTACT DETAILS

What is your current residential address?

* What is your mailing address? (if different to residential address)

Daytime contact number Mobile phone number

Email address

Preferred Contact Method: ☐ Telephone ☐ Letter ☐ Email ☐ Unknown

3. CONFLICT DETAILS

*Does your complaint involve a breach of privacy? Yes ☐ No ☐

*Have you reported your complaint to any other person? Yes ☐ No ☐ If yes to whom:

*Have you lodged a complaint about this issue before? Yes ☐ No ☐ If yes, when:

4. SUMMARY OF CONFLICT

Please outline what happened, when it happened, where it happened and who was involved? If necessary, attach an extra page to outline the complaint. Any documentation that supports your complaint should also be provided (copies only).

What is your expected outcome?



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5. ACKNOWLEDGEMENT

All of the information provided above is true and correct to the best of my knowledge.

Signature

Date

I am willing to provide feedback on the department's complaint management system. Yes ☐ No ☐

6. OFFICE USE ONLY

***Receiving Officer:**

Position

Date

Complaint lodged: ☐ Telephone ☐ In person ☐ In writing

***Referred to Managing Officer**

Date

Notes