

## **DISPUTE/GRIEVANCE/COMPLAINT FORM**

*The MCI Management Committee is committed to providing every opportunity for members to resolve any dispute or grievance.*

*All formal complaints must be in writing on this form.*

NAME:

TEL NO:

Email:

Please provide details of the person/s with whom you are in dispute.

NAME:

If applicable

ADDITIONAL NAMES:

Please provide a statement giving full details of your dispute/grievance/complaint.



What to include in your statement:

1. The nature of your complaint
2. The name/s of person/s involved
3. Dates and times of events
4. The name/s of any witnesses
5. Whether you tried to resolve the dispute with the person/persons involved
6. The name of any person you have approached in relation to your dispute or grievance and date this took place.
7. The effect the dispute/grievance has had on you
8. Copies of any documents relating to your dispute/grievance (e.g. witness statements)

\*Please lodge the form with the MCI Management Committee and **RETAIN** a copy for your records



STATEMENT:



<i>Signature of Complainant</i> .....

*Date* .....

*Received by* ..... *Date:*.....