

**AUSTRALASIAN COLLEGE
OF COSMETIC SURGERY
AND MEDICINE**

GRIEVANCE TEMPLATE

GRIEVANCE RECORD FORM (COMPLAINANT)

Meeting date	
Meeting start time: Meeting finish time:	
Investigator	
Complainant	
Any other attendees (e.g. support person)	
Nature of grievance (summary)	
Situation (facts claimed by complainant)	
Possible witnesses to the situation	
Impact (e.g. physical, emotional, behavioural)	
Action/s requested by complainant	
Advice given to complainant - e.g options for resolution, escalation, management of the situation	
Actions to be taken by ACCSM Officer/ investigator	

We the undersigned agree that the information provided is true, that the record of proceedings is accurate, and that all information will remain confidential:

ACCSM Officer/ Investigator:	
Date:	

Complainant:	
Date	

GRIEVANCE INTERVIEW (WITH SUBJECT OF COMPLAINT)

Meeting date	
Meeting start time:	
Meeting finish time:	
Investigator	
Accused party/ subject of complaint	
Any other attendees	
Nature of grievance (details of complaint provided to the subject)	
Situation (facts according to subject)	
Possible witnesses to the situation	
Impact (e.g. physical, emotional, behavioural)	
Action/s requested by subject	
Advice given to subject	

Actions to be taken by ACCSM Officer/ investigator	
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We the undersigned agree that the information provided is true, that the record of proceedings is accurate, and that all information will remain confidential:

ACCSM Officer/ Investigator: Date:	
Subject: Date:	

GRIEVANCE INTERVIEW (WITNESS)

Meeting date	
Meeting start time: Meeting finish time:	
Investigator	
Witness	
Any other attendees	
Nature of grievance (summary)	
Situation (facts according to witness)	
Impact (e.g. physical, emotional, behavioural) on witness	

Action/s requested by witness	
Advice given to witness	
Actions to be taken by ACCSM Officer/ investigator	

We the undersigned agree that the information provided is true, that the record of proceedings is accurate, and that all information will remain confidential:

ACCSM Officer/ Investigator: Date:	
Witness: Date	

GRIEVANCE OUTCOME RECORD

Date	
Reflections on statements from complainant/ subject/ witnesses	
Is there anyone else who needs to be consulted?	
Conclusion made on the basis of the evidence	

Decision options	<ul style="list-style-type: none"> • No further action • Further investigation • Referral to external body • Mediation • Verbal warning • Written warning • Counselling • Compensation • Apology – verbal or written • Transfer to another role • Dismissal or removal from the training program • Other forms of disciplinary action <p>Disciplinary action for the complainant (e.g in cases of vexacious or false claims)</p>
Decision/s made and in favour of which party	
Rationale for decision/s	
<p>Can any prevention strategies be implemented so that the situation that gave rise to the grievance can be avoided?</p> <p>E.g. changes to ACCSM policies and procedures, training</p>	
<p>GM approval of decision:</p> <p>Date:</p>	
<p>President approval of decision:</p> <p>Date:</p>	

FOLLOW UP	
<p>Confirm that any relevant external parties have been contacted and follow ups have been arranged – e.g. mediator, counsellor, regulatory or legal body (enter N/A if nil apply)</p>	
<p>Confirm that actions taken regarding the decision have been taken – e.g. apology, compensation.</p> <p>Include date/s at which actions have been resolved</p>	
<p>Confirm that any documentation required for follow up action has been filed securely (e.g. disciplinary notifications)</p>	
<p>Have all recommended follow ups resulted in a resolution of the complaint?</p> <p>If not, why not, and what further action is required?</p>	

9. CONTACT

For further information and advice about this policy please contact the ACCSM office.

admin@accsm.org.au

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