Grievance lodgement form

This form is to be completed by the worker or a third party on behalf the worker to lodge a grievance in relation to the Pacific Australia Labour Mobility (PALM) scheme. Once you have completed the form, please email to (palm@dewr.gov.au).

Grievances can also be submitted by calling the support service line on 1800 51 51 31. Please note this line is monitored 8:30 am - 6:30 pm (AEST), Monday to Friday. Calls made outside of these hours should be for critical incidents only.

**Privacy statement and consent form**

Personal information collected by the Department of Employment and Workplace Relations (department) is protected by law, including under the *Privacy Act 1988* (Privacy Act). Personal information is information or an opinion about an identifiable individual. Personal information includes an individual’s name and contact details.

Collection of your personal information is for the purposes of enabling the department to accurately assess and manage the grievance process. If you do not provide some, or all the personal information requested, the department may be unable to accurately assess your grievance, and therefore may not be able to continue with this process.

Your personal information may be shared with other government agencies and participating countries. Your personal information may also be disclosed to other parties where you have agreed, or where it is otherwise permitted under the Privacy Act.

The department’s privacy policy, including information about how to make a complaint and seek access to or correction of your personal information, can be found at <https://www.dewr.gov.au/privacy> or by requesting a copy from the department at (privacy@dewr.gov.au). To contact the department about your personal information email (privacy@dewr.gov.au).

**Collection of sensitive information**

Sensitive information is a subset of personal information. It includes information or an opinion about your racial or ethnic origin, political opinions, religious beliefs or affiliations, philosophical beliefs, membership of associations or unions, sexual orientation or practices, criminal record, and health, genetic or biometric information.

We need your consent to collect your sensitive information unless the collection is otherwise permitted under the Privacy Act. You do not have to consent to the collection of your sensitive information. If you do consent, you can withdraw your consent at any time.

**Overseas disclosure of personal information**

We need your consent to disclose your personal information to overseas recipients unless otherwise permitted under the Privacy Act. You do not have to consent to the disclosure of your personal information to overseas recipients. If you do consent, you can withdraw your consent at any time.

If you consent to the disclosure of your personal information to overseas recipients, the department will not be required to take reasonable steps to ensure that the overseas recipients do not breach the Privacy Act.

By ticking this box and submitting this form, I confirm that I have read and understood this privacy statement and consent form.

By ticking this box and submitting this form, I confirm that I agree to the collection of my sensitive information in accordance with this privacy statement and consent form.

By ticking this box and submitting this form, I confirm that I agree to the disclosure of my personal information in accordance with this privacy statement and consent form to overseas recipients.

By ticking this box and submitting this form, I confirm that I have the consent of any third parties to the inclusion of personal information about them and have made them aware of this privacy statement and consent form.

Name:

 Date:

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| Has there been an attempt to resolve the issue/s or concern/s with the employer (if applicable)?  | **YES** **NO**  Please provide details:  |
| **Worker details**  |   |
| Name of worker: |  |
| Nationality of worker: |  |
| Worker contact details: |  |
| Employer name, including host site if applicable: |  |
| Details of other workers related to this grievance (if applicable), including names, contact details and nationality:  |  |
| **Details of grievance** |  |
| Please provide a summary of the grievance.Summary should include as much information as possible, including: work location, workers involved and dates of event/s: |  |
| Can you provide evidence to support the grievance?  | **YES** **NO**  If yes, please provide relevant evidence – for example payslips, emails, photographs or other media If no, please provide details:  |
| Are there any person/s in any immediate danger?  |  **YES** **NO** If yes, have you reported it to the police or other appropriate authority? **YES** **NO**  If yes, please provide details below. |
| Have you raised the issue with anyone else (for example union representative, country liaison officer)?  | **YES** **NO**  If yes, please provide details:  |
| Do you consent to the Department of Employment and Workplace relations disclosing your name and details of the grievance to the employer?  | **YES** **NO**  |

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| **Details of person reporting the grievance** |  |
| Name: |  |
| Organisation (if applicable): |  |
| Phone number: |  |
| Email address: |  |
| Best time to contact: |  |
| **If lodging on behalf of a worker:** |  |
| What is the relationship between the person lodging this grievance and the worker? |  |
| Do you have consent to act on behalf of the worker? |  |
| **If form is completed by a departmental officer:** |  |
| Name of departmental officer:  |  |