



## Queensland University of Technology Guild Volunteer Grievance Form

Volunteers have the right to express grievances, concerns or dissatisfaction with the Volunteer Programme or operations and to have grievances dealt with in an efficient, equitable and fair manner. Refer to the Grievance Policy for details of the procedure by which grievances are reported and managed.

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Person/s making report: \_\_\_\_\_

Person/s Involved: \_\_\_\_\_

Date of Incident: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time of Incident: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Description of Incident: \_\_\_\_\_

Please attach extra pages if necessary

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

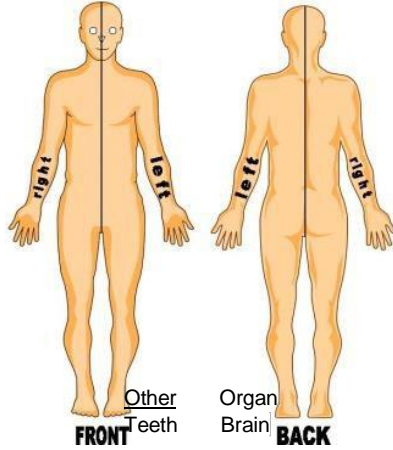


**Injury details**

Nature or type  
(please circle)

- Amputation
- Asphyxiation
- Bruise or crushing
- Burn or scald
- Concussion
- Cut or open wound
- Dislocation
- Exposure
- Foreign body
- Fracture
- Heart or circulatory condition
- Infectious disease
- Inhalation
- Internal injury
- Nervous system injury or disorder
- Poisoning
- Puncture
- Respiratory (inhalation)
- Skin disorder
- Sprain or strain
- Other (specify)

Body Part  
(mark the injured part/s)



Agent of damage  
(please circle)

- Animal or insect
- Biological
- Chemical
- Electricity
- Equipment or tool:
  - powered
  - not powered
- Explosion or implosion (pressure)
- Muscular effort:
  - singular event
  - repetitive or postural
- Needle or sharp (refer page 2 of document)
- Noise
- Psychological
- Radiation
- Slip, trip or fall (refer page 2 of document)
- Stepping on or striking against object
- Struck by falling or moving object
- Thermal (heat or cold)
  - Vehicle
  - Vibration
- Other (specify)

**Medical treatment obtained**

Nil	<input type="checkbox"/>	First Aid	<input type="checkbox"/>	University Health Service	<input type="checkbox"/>	Hospital casualty	<input type="checkbox"/>
Hospital admitted	<input type="checkbox"/>	Other Doctor	<input type="checkbox"/>	Other	<input style="width: 100%;" type="text"/>		

**Outcome for injured person**

Time lost from work	.....days	.....hours	Not yet returned to work
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Signature of person injured or involved: ..... date: .... / .... / ....

Submit to Student Program Manager

