

Together Ombudsman Referral form



Title:

Name:

Home ph: Work ph:

Fax: Mobile:

E-mail:

Preferred method of contact:

Name of the person you have been dealing with:

When did you last contact the union office?

Have you attempted to resolve the matter with the Secretary of Together? Yes No

If yes, what happened?

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NATURE OF COMPLAINT

Please summarise your grievance and include any relevant documents:

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What would you like to happen to resolve your grievance?

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Please send your completed form to the Together Ombudsman by fax to 3170 6899, post to PO Box 421 Cannon Hill 4170 or email ombudsman@together.org.au