Request for Internal Review Form

Individual employee grievances (IEG) procedure

|  |  |  |  |
| --- | --- | --- | --- |
| **Employee Details** | | | |
| **Name:** |  | **Date:** |  |
| Position, Business Unit / School: |  | | |
| Contact Number: |  | Email: |  |
| **Local Action Decision** | | | |
| I am a **current public service employee** who is dissatisfied with the followingdecision made through local action under the IEG Procedure - | | | |
| **Decision Maker:** | <insert name, title and School/Region or ‘Deemed’> | | |
| Date of Decision: | <Date on the letter, undated or date decision was deemed through the passing of time> | | |
| Date I received the Decision: | <insert the date you received the decision or date decision was deemed through the passing of time> | | |
| ***Please note:*** *A request for an Internal Review must be received* ***within 14 days*** *of the date you received a copy of the Local Action Decision or the date the deemed decision was taken to have been made.* | | | |
| **Reasons for Dissatisfaction** | | | |
| I believe the Local Action Decision was **unfair and unreasonable** due to the following reasons: | | | |
| *<Insert numbered paragraphs explaining each reason for your dissatisfaction. For example – 1. The decision was unfair because <insert reason>; and 2. The decision was unreasonable because <insert reason>* | | | |
| ***Please note:*** *The Internal Review Decision Maker may decide to take no further action if the reasons for seeking an Internal Review are insufficient, the request for Internal Review is frivolous or vexatious, or you have unreasonably refused to participate in the local action in order to resolve your grievance.* | | | |
| **Requested Action** | | | |
| I believe the following action would resolve my grievance: | | | |
| 1. <insert action> | | | |
| **Acknowledgement and submission** | | | |
| I have read the [IEG procedure](https://ppr.mpe.qed.qld.gov.au/pp/individual-employee-grievance-procedure) and: | | | |
| * I have attached a copy of the Local Action Decision that I am requesting to be reviewed. (Unless the decision was deemed, in which case I have attached a copy of my grievance). | | | |
| * I understand that the purpose of an Internal Review is for the Decision Maker to determine **whether the decision made through local action was fair and reasonable in the circumstances** and that an Internal Review will not re-investigate the particulars of my grievance. | | | |
| * I understand that I may be supported by a person of my choosing and represented by a union representative or member of a professional association. | | | |
| * I understand that an Internal Review Decision must be made within 14 calendar days of receipt of this request. However, the timeframe may be extended where the Internal Review Decision Maker can demonstrate reasonable attempts have been made to progress the matter. Alternatively, I may be requested to agree to extend the timeframe and, under the IEG procedure, I cannot unreasonably withhold my agreement. | | | |
| * I understand that once this form is received by the Internal Review Decision Maker I will be notified, via email, that my request has been received with the name and details of a contact person, and a reminder of the 14 calendar day decision making timeframe. | | | |
| * I understand that I will be provided a written Internal Review Decision, including reasons for the decision, in accordance with the IEG procedure. | | | |
| * I understand that if an Internal Review Decision is not made within 14 calendar days (or such longer time as has been advised or agreed) the Local Action Decision is confirmed by default (a ‘deemed’ decision). Thereafter, depending on the issues raised in my grievance, this may result in an avenue of external review, as outlined in the IEG procedure, becoming available to me. | | | |
| Please submit this completed Request for Internal Review Form, with the relevant attachment/s, to [internalreview@qed.qld.gov.au](mailto:internalreview@qed.qld.gov.au). | | | |
|  | | | |