



**Injury Management**  
**(For work related injury/illness)**

Appendix A (page 1 of 1)

**WORKERS COMPENSATION COMPLAINTS – REPORT FORM**

This report form is to be completed when an injured employee wishes to lodge a formal complaint about the injury management (claim or rehabilitation) process and/or the service received. (NB - If the complaint is regarding a reviewable decision (e.g. the rejection of a claim or expenses) this is managed outside of this complaints process through the [South Australian Employment Tribunal](#).)

**This section is to be completed by the PERSON MAKING THE COMPLAINT (i.e. injured employee)**

Title:	Full Name:		Date:	
			Time:	
Address:		Postcode:		
Contact Details:	Home Phone:	( )	Mobile:	
	Work Phone:	( )		
Worksite Name and Address:				
Claim or Injury Details (employee only)		Claim Reference Number:		
		Date of Injury:		
		Nature of Injury:		
Nature of Complaint:				
<i>(if a written complaint has already been made, attach a copy to this form)</i>				
Signed (Person making complaint)		Date:		

Forward Form to [Policy Communications and Injury Management Manager](#)  
(University of Adelaide, Human Resources Branch, Rundle Mall Plaza)

## WORKERS COMPENSATION COMPLAINTS – REPORT FORM

**This section is to be completed by the Policy Communications and Injury Management Manager**

<input type="checkbox"/> <b>Form Received</b> __/__/__	<input type="checkbox"/> <b>Receipt Acknowledged</b> __/__/__ <i>(within 2 working days)</i>	<input type="checkbox"/> <b>Meeting Scheduled</b> __/__/__ <i>(within 7 working days)</i>
<p><b>Please indicate:</b></p> <p>a) <i>Action taken</i></p> <p>b) <i>If matter resolved, details of the agreement</i></p> <p>c) <i>If matter not resolved, details of why matter not resolved</i></p>		
Actions	Responsibility	Timeframe/Date
Progress Reports to Employee	Policy Communications and Injury Management Manager	Fortnightly
<b>Matter Resolved</b>	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b> <i>(refer to Director, HSW)</i>
<b>Signed</b> <i>(Policy Communications and Injury Management Manager)</i>	<b>Date:</b>	__/__/__

<b>Matter referred to the Director, HSW</b>	<b>Date:</b>	
<p><b>Please indicate:</b></p> <p>a) <i>Action taken</i></p> <p>b) <i>If matter resolved, details of the agreement</i></p> <p>c) <i>If matter not resolved, details of why matter not resolved</i></p> <p>d) <i>Outcome communicated to employee. If matter not resolved, employee is provided with information re other resolution processes if applicable (eg formal complaints process, Ombudsman SA etc)</i></p>		
Actions	Responsibility	Timeframe/Date
<b>Signed</b> <i>(Director, HSW)</i>	<b>Date:</b>	__/__/__

**Note**

1. Where an acceptable resolution is not achieved, there is an option to take the issue to the [Ombudsman SA](#). However, there is an expectation that before taking the issue to the Ombudsman, all avenues of complaint have been exhausted with the University. Evidence of action(s) taken to attempt to obtain a resolution will be required as part of the Ombudsman's complaints management process. Additional information is available from the [Injury Management Team](#).
2. The Employee Assistance Program is available to all staff and their immediate family should support be required at any stage of the injury management process. Information about this free and confidential counselling service is available on the University's website at: <https://www.adelaide.edu.au/hr/hsw/wellbeing/employee-assistance-program>
3. The HSW Team is open to new ideas on how it can continuously improve our systems and service and invites you to provide feedback at any time. If you wish to make a suggestion, please email the [Policy Communications and Injury Management Manager](#). Further to this, an anonymous annual survey is sent to all employees and their supervisors involved with a workers compensation claim in the previous 12-month period.