

WORKPLACE DISCRIMINATION, HARASSMENT, SEXUAL HARASSMENT AND BULLYING COMPLAINT FORM

<Insert company Name>

Please ensure you have read our *Complaint Handling and Investigation Procedure* before lodging a complaint.

1. Personal details of the complainant

Title _____
First name _____
Last name _____
Email address _____
Contact number _____
Position _____

Are you complaining on behalf of someone else? _____
If yes, what is their name/s? _____

2. Please categorise the incident/s

Discrimination	<input type="checkbox"/>
Harassment	<input type="checkbox"/>
Sexual Harassment	<input type="checkbox"/>
Bullying	<input type="checkbox"/>
Vilification	<input type="checkbox"/>
Victimisation	<input type="checkbox"/>

3. When did the incident/s happen?

It began on (date) _____
It finished on (date) _____
Is it still going on? _____

4. Who is this complaint against?

First name _____
Last name _____
Relationship to **<Insert company name>**
(e.g. employee position, contractor, volunteer) _____

5. What happened? Please describe the incident/s in detail.

Please describe the offending incident/s or behaviour in detail. If you need more space please provide these details on a separate page attached to this form.	
Where did the incident/s occur?	
When did the incident/s occur? (if there have been multiple incidents, how often has or does the offending behaviour occur? (e.g. daily, weekly, monthly)	
Have there been any witnesses to the described incident/s? (If so, please name)	
Any other relevant information (e.g. the impact of the incident/s).	

6. Please indicate any other steps you have already taken

Raised the problem with a colleague and/or my manager (please name and detail outcome)

Lodged a complaint with my union (please name and detail outcome)

Lodged a complaint with the relevant government entity (please name and detail outcome)

Other (please provide details)

7. Supporting evidence

If there are any documents that may help <Insert company Name> investigate your complaint, please provide copies or advise where this information may be obtained.

8. What would you like to happen to sort out this complaint?

Please indicate what would be a satisfactory outcome for you in relation to this complaint (e.g. that the offending behaviour cease, disciplinary action be taken, receive an apology).	
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9. Confidentiality

Only those directly involved in making or investigating a complaint will have access to information about the complaint (except in circumstances necessitated by law where the alleged conduct is serious and/or may amount to criminal conduct). Please ensure that you maintain confidentiality and do not disclose details of your complaint except to the extent necessary to make your complaint in accordance with the Complaint Handling and Investigation Procedure.

10. Sign and date your complaint

Signature

Full name

Date

Office use

Date complaint received

Staff member managing complaint
(name and position)
