**workplace Discrimination, harassment, sexual harassment and bullying COMPLAINT FORM**

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

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| 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? | |  |

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| 1. **Please categorise the incident/s** | | |
| Discrimination |  |  |
| Harassment |  |  |
| Sexual Harassment |  |  |
| Bullying |  |  |
| Vilification |  |  |
| Victimisation |  |  |

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| 1. **When did the incident/s happen?** | |
| It began on (date) |  |
| It finished on (date) |  |
| Is it still going on? |  |

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| 1. **Who is this complaint against?** | |
| First name |  |
| Last name |  |
| Relationship to <Insert company name>  (e.g. employee position, contractor, volunteer) |  |

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| 1. **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). |  |

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| 1. **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) |  |  |
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| 1. **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. |

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| 1. **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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| 1. **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, including via social media, 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. You may only discuss your complaint with a support person or advocate for the purpose of seeking legal advice or industrial advice. |

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| 1. **Sign and date your complaint** | |
|  | |
| Signature |  |
| Full name |  |
| Date |  |

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| **Office use** | |
| Date complaint received |  |
| Staff member managing complaint  (name and position) |  |