

# Bullying and Harassment Complaint

To be completed by the person reporting bullying or harassment and submitted to the clinic manager or employer.

## Employer information

Clinic name:	
Clinic address:	

## Complainant information (victim of bullying or harassment)

Name, job position:	
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## Respondent information (alleged perpetrator)

Name, job position:	
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## Description of the incident(s)

Provide a detailed description of what happened including location, date, and time of the incident(s), behaviour and language used, specific words/actions, and any other relevant information:

**Witness information (if available)**

1.		2.	
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**Supporting documents**

List any supporting documents, such as emails, notes, or photographs, if available. These documents may be attached to the end of this form or sent to management by email.

**Sign-off**

Complainant signature:		Complaint date:	
Received by:		Received date:	

**Note:** Information will be handled sensitively and shared only with those directly involved in addressing the complaint.

**SAVE / PRINT**