

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:

Respondent information (alleged perpetrator)

Name, job position:

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