

Bullying and Harassment Complaint Form

Employer information

Clinic name:	
Location:	

Complainant information (victim of bullying or harassment)

Name:	
Job position:	

Respondent information (alleged bully or harasser)

Name(s):	
Job position:	

Witness information (alleged bully or harasser)

Name(s):	
Job position:	

Personal statement

Please provide details on the bullying and harassment including:

- Names of all those involved
- Any witnesses to the incidents
- Location, date, and time of the incidents
- Details about the incidents including behaviour and/or language used
- Other relevant information

Attach any supporting documents, such as emails, handwritten notes, or photographs. Attach additional pages, as necessary.

continued overleaf

Personal statement continued

Use this page if more space is needed for your personal statement.

Complainant signature:		Complaint date:	DD / MM / YYYY
Complaint form received by: <i>name, title</i>		Date:	DD / MM / YYYY

COMPLETED