

# 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.

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

**COMPLETED**