

# 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:  
*name, title*

Date:

DD / MM / YYYY

COMPLETED