



FORM FOR RECORDING ALLEGATIONS OF BULLYING AND HARASSMENT IN THE WORKPLACE

By your side



Date:

Name of member (Complainant):

Occupation of member (Complainant):

Employer Details:

Details of alleged Bullying and Harassment (e.g. type of alleged behaviour, by whom, how many times, when and where):

Are there witnesses who can support the allegations or who witnessed the alleged bullying and/or harassment? Yes No

If yes, please list names and if possible contact details:

If the allegation involves a member against member complaint, advise the complainant that alternative Union representation can be arranged to avoid any conflict of interest.

Is alternative representation required? Yes No

If yes, contact the area Manager ASAP to make arrangements.

Alternative representation arranged where required? Yes No

Details of alternative representation:

Is the alleged behaviour unlawful? e.g. physical assault Yes No

If yes, has the member been advised to refer the alleged behaviour to the relevant authorities? Yes No

If yes, which authorities? _____

Has the member asked the alleged person/s who are accused of bullying and/or harassment to stop? Yes No

If yes, when and what did they say to the alleged person/s they are accusing?

What was the alleged response? _____

Have they raised the issue with their employer? Yes No

If yes with whom, how did they raise it (e.g. in writing, email, or verbal) and when?

What was the response, if any? _____

If they have not raised the complaint, advise them to lodge a formal complaint via a Grievance Form and assist them in completing the grievance form and lodging it with the employer.

Do you have a copy of the grievance? Yes No

If no, obtain one.

Has the member received a reply to the grievance or their complaint? Yes No

If yes, was it a verbal response? Yes No

If verbal, please describe the verbal response including by whom, when and what was said.

If it was a written response, do you have a copy? Yes No

If no, obtain a copy ASAP.

Is the workplace reasonably considered safe for the complainant at this time? Yes No

If not, please list why not.

Contact the employer to seek suitable arrangements regarding the safety of the member.

Employer contacted: Yes No

Arrangements made: Yes No

If not, why not?

Has the member been advised to access their employers EAP (Employee Assistance Provider) should they feel the need to do so? Yes No

Has the member sought medical assistance for any resulting injury and or stress? Yes No

If yes, were they found to be suffering from injury and or stress or other condition likely to be caused by the alleged bullying and/or harassment? Yes No

If yes, have they been referred to the Union Solicitors to seek advice on a possible workers compensation claim? Yes No

Is there anything else the member would like recorded that is relevant to the allegations? Yes No

If yes, please list:

Name of Interviewer (e.g. USU Official/Delegate)

Name of Complainant/s:

Signature/s:
