

Workplace Bullying and Harassment - Complaint Form

What is Bullying?

Bullying in the Workplace can be defined as 'repeated, unreasonable behaviour directed towards a worker or group of works that creates a risk to health and safety.' A single incident or reasonable managment action <u>is</u> <u>not</u> bullying. Before completing this form it is reccommended that you read the policy "Preventing and <u>"Preventing and Managing Workplace Bullying"</u>

You should complete and submit this form to Workplace Standards if your complaint meets the above definition of bullying.

PERSONAL DETAIL S (of the person making this complaint)						
FULL NAME		SERVICE NUMBER				
TELEPHONE NUMBER	AND	EMAIL ADDRESS				
PERSONAL DETAIL S (of the person who i	is alloged to have be	on hulliad)	0.000			
ARE YOU THE PERSON WHO WAS ALLEGED		YE	s 🗆 NO			
IF NO PLEASE SUPPLY THE NAME AND CONTACT DETAILS OF THE PERSON WHO WAS ALLEGEDLY BULLIED.						
FULL NAME		SERVICE NUMBER				
TELEPHONE NUMBER	AND	EMAIL ADDRESS				
PERSON RESPONSIBLE FOR THE ALLEGI	ED BULLYING					
FULL NAME		SERVICE NUMBER				
POSITION		RANK				
WORKING RELATIONSHIP TO YOU (or th	he person bullied)	SE THE SECOND				
MANAGER/SUPERVISOR C	O-WORKER	SUBORDINATE				

BULLYING BEHAVIOURS

Listed below are some examples of unreasonable behaviours that may be considered bullying when part of a repeated pattern of events. Tick any of these that are relevant to you. Please attach any written examples to this complaint.

TICK	BEHAVIOUR	DATE(S)	IS IT IN WE	RITING?
	Frequent yelling or verbal abuse alone or in the presence of others.		YES	□ NO
	Persistent and unjustified criticisms and or repeated threats of disciplinary action.		YES	□NO
	Spreading gossip, malicious rumor, or innuendo about a person.		YES	□NO
	Inappropriate disclosure of personal/confidential information about a person to others.		YES	□NO
	Ridicule or humiliation of a person through inappropriate gestures, sarcasm, criticism or insults or offensive objects or images (inc. cyber bullying)		YES	□NO
	Engaging in initiation activities or practical jokes which have the potential to physically harm, belittle or humiliate.		YES	□ NO
	Excluding or isolating a person from a workplace.		YES	□NO
1	Deliberately altering work arrangements to inconvenience a particular employee or group of employees.		YES	□ NO
DETAILS/PA	RTICULARS OF ALLEGED BULLYING (who, what, when	n, where and	how)	

post

WITNESSES (please provide details of witnesse	s to the alleged bullying)
FULL NAME	CONTACT NUMBER OR EMAIL
FULL NAME	CONTACT NUMBER OR EMAIL
LOCAL MANAGEMENT	
HAVE YOUR REPORTED THIS MATTER TO ANYO	NE ELSE?
IF YES, WHO DID YOU REPORT THE MATTER TO HAS HAPPENED SINCE THE REPORT WAS MADE	? WHEN DID YOU MAKE THE REPORT AND WHAT ?
DOCUMENTS ATTACHED TO THIS COMPLA PLEASE LIST ANY ATTACHMENTS PROVIDED WITH PHOTOGRAPHS ETC).	
ADDITIONAL INFORMATION (Do you have a	ny other information relevant to your complaint)
SUPPORT SERVICES HAVE YOU ACCESSED ANY SUPPORT SERVICES?	☐ I DO NOT WISH TO DISCLOSE ☐ YES ☐ NO
TIAVE TOO ACCESSED AINT SOFF ON SERVICES:	
FRNSW SUPPORT SERVICES AVAILABLE	
EAP (EMPLOYEE ASSISTANCE PROVIDER)	1300 687 327
CHAPLAIN	0418869280
WELLBEING COORDINATOR	92653910
HEALTH AND SAFETY BRANCH	92652800
CUDALE THE COM	
SUBMIT THIS FORM	omplaints form is true and correct to the best of
my knowledge.	Simplaints form is true and correct to the best of
Signature of person making this complaint.	Date
Return this completed form to Fire and Rescue I	NSW, Workplace Standards Branch
email <u>WorkplaceStandards@fire.nsw.gov</u>	<u>.au</u>
fax 92652688	

Workplace Standards Branch, PO Box A249, Sydney South, 1232