*This template has been developed by Live Performance Australia. It is a tool that organisations can use to assist them in their business. Organisations may tailor or alter this template to suit their individual circumstances. However, if organisations make significant changes to the template, we recommend you seek legal advice. It is not compulsory for organisations to use this template.*

**workplace Discrimination, harassment, sexual harassment, bullying and VICTIMISATION COMPLAINT FORM**

**<Insert Company Name>**

**Please ensure you have read our *Complaint Handling and Investigation Procedure* before making a report.**

|  |  |
| --- | --- |
| 1. **Details of the reporter** | |
| Title |  |
| First name |  |
| Last name |  |
| Email address |  |
| Contact number |  |
| Position |  |
| Please tick the option that applies.  I am reporting conduct that I have experienced | |
| I am reporting conduct that I observed against somebody else.  Please provide their name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| I am making a report on behalf of somebody else.   Please provide their name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

|  |  |
| --- | --- |
| 1. **Who is this report against?** | |
| Full name |  |
| Relationship to <Insert company name>  (e.g. employee position, contractor, volunteer) |  |

|  |  |
| --- | --- |
| 1. **What happened? Please describe the incident/s in detail.** | |
| Please describe the incident/s or behaviour in detail. If you need more space please provide these details on a separate page attached to this form. | |
|  | |
| Where did the incident/s occur? |  |
| When did the conduct occur? (Please include rough dates and times if known. If there have been multiple incidents, how often has or does the offending behaviour occur? (e.g. daily, weekly, monthly) |  |
| Is the conduct ongoing? |  |
| Are you aware of any witnesses to the described incident/s? (If so, please name) |  |
| Any other relevant information. |  |

|  |
| --- |
| 1. **Please indicate any other steps you have already taken** |
| Raised the problem with a colleague and/or my manager (please name and detail outcome) |
|  |
|  |
| Lodged a report with a third party, such as a government entity or union (please provide details of where the report was made and the status of the report) |
|  |
|  |
| Other (please provide details) |
|  |

|  |
| --- |
| 1. **Supporting evidence** |
| If you have any evidence of the alleged conduct that may help <Insert company Name> address the concerns in your report (e.g. screenshots of communications, texts, emails etc), please provide copies or advise where this information may be obtained. |

|  |
| --- |
| 1. **Confidentiality** |
| Only those directly involved in making or investigating a report will have access to information about the report (except in circumstances required by law where the alleged conduct is serious and/or may amount to criminal conduct). Please ensure that you maintain confidentiality and do not disclose details of your report, except to the extent necessary to make your report and seek support in accordance with the Workplace Discrimination, Harassment, Sexual Harassment, Bullying and Victimisation Policy and the Complaint Handling and Investigation Procedure [guidance note: amend with names of your policies and procedures, if different]. |

|  |  |
| --- | --- |
| 1. **Sign and date your report** | |
|  | |
| Signature |  |
| Full name |  |
| Date |  |

|  |  |
| --- | --- |
| **Office use** | |
| Date complaint received |  |
| Staff member managing complaint  (name and position) |  |