**Bullying formal complaint form**

This form is for workers to lay a formal complaint with their organisation.

Record the details of the complaint below and give the completed form to the appropriate person in the organisation.

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| Name | Add name here. |
| When did it happen? | Click here to enter a date. |
| Where did it occur? | Add location(s) here. |
| Who was present? | Add name(s) here. |
| What was said and who said what? | Enter details here. |
| Why do you think it is bullying? |  |
| * It’s unreasonable because: | Explain why it’s unreasonable behavior here. |
| * It’s repeated because: | Explain why it’s repeated behavior here. |
| * It’s endangered my health or safety because: | Explain how the behaviour has endangered your health here. |
| Who witnessed this incident? | Add name(s) here. |
| How did this incident make you feel? | Explain how the behaviour made you feel here. |
| How has this incident affected your work? | Explain how the behaviour has affected how you work here. |
| Have you taken any actions? If so, what? | Choose yes or no with the arrow. |
|  | If yes, detail the actions you’ve taken here. |
| As a result of this complaint, what do you want to happen? | Add what you want to happen here. |