



Soldiers Beach Surf Life Saving Club Inc.

ABN 74 674 215 629

CHARITY No. CC-18974

Affiliated with Surf Life Saving Australia & Surf Life Saving Central Coast)

Workplace Bullying and Harassment

COMPLAINT FORM

What is Bullying?

Bullying in the Workplace can be defined as 'repeated, unreasonable behavior directed towards a worker or group of works that creates a risk to health and safety.' **A single incident or reasonable management action is not bullying.**

Before completing this form, it is recommended you read the policy "Preventing and Managing Workplace Bullying". (Link: <https://www.safeworkaustralia.gov.au/doc/guide-preventing-and-responding-workplace-bullying>)

You should complete and submit this form via email to the club's Complaint Handler to investigate and to ensure your complaint meets the above definition of bullying.

Email: complaints@soldiersbeachsurfclub.com.au

PERSONAL DETAILS (of the person making this complaint)

FULL NAME:

TELEPHONE:

EMAIL:

PERSONAL DETAILS (of the person who is alleged to have been bullied)

ARE YOU THE PERSON WHO WAS ALLEGEDLY BULLIED? YES NO

IF NO, PLEASE SUPPLY THE NAME AND CONTACT DETAILS OF THE PERSON WHO WAS ALLEGEDLY BULLIED.

FULL NAME:

TELEPHONE:

EMAIL:

PERSON RESPONSIBLE FOR THE ALLEGED BULLYING

FULL NAME:

Working Relationship to You (or the person bullied):

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 WRITING?
<input type="checkbox"/>	Frequent yelling or verbal abuse alone or in the presence of others.		<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/>	Persistent and unjustified criticisms and or repeated threats of disciplinary action.		<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/>	Spreading gossip, malicious rumor, or innuendo about a person.		<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/>	Inappropriate disclosure of personal/confidential information about a person to others.		<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/>	Ridicule or humiliation of a person through inappropriate gestures, sarcasm, criticism or insults or offensive objects or images (inc. cyber bullying)		<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/>	Engaging in initiation activities or practical jokes which have the potential to physically harm, belittle or humiliate.		<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/>	Excluding or isolating a person from a workplace.		<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/>	Deliberately altering work arrangements to inconvenience a particular employee or group of employees.		YES NO

DETAILS/PARTICULARS OF ALLEGED BULLYING (*who, what, when, where and how*)

WITNESSES *(please provide details of witnesses to the alleged bullying)*

FULL NAME: _____ TELEPHONE: _____
EMAIL: _____

FULL NAME: _____ TELEPHONE: _____
EMAIL: _____

REPORTING

HAVE YOU REPORTED THIS MATTER TO ANYONE ELSE? YES NO

IF YES, WHO DID YOU REPORT THE MATTER TO? WHEN DID YOU MAKE THE REPORT AND WHAT HAS HAPPENED SINCE THE REPORT WAS MADE?

DOCUMENTS ATTACHED TO THIS COMPLAINT

PLEASE LIST ANY ATTACHMENTS PROVIDED WITH THIS REPORT (EG. EMAILS, DIARY ENTRIES, PHOTOS ETC).

I HAVE NOT ATTACHED ANY DOCUMENTS

SUPPORT SERVICES

HAVE YOU ACCESSED ANY SUPPORT SERVICES? YES NO

DO YOU WISH TO DISCLOSE THIS? YES NO

I declare that the information provided in this complaints form is true and correct to the best of my knowledge.

Signature of person making this complaint.

Date