



WORKPLACE BULLYING COMPLAINT FORM

Before making a complaint, please review the Workplace Bullying [policy](#) and [procedure](#) and the Workplace Behaviours website. Please also contact the [Health, Wellbeing and Safety team](#) who will assist you in attempting to resolve your concerns informally.

If you wish to continue to make a complaint after attempting to resolve it informally and your complaint relates to:

- (a) A grievance about a service, process, action or decision of the University;
- (b) A dispute about the application of the Enterprise Agreement as it relates to you; or
- (c) Any other formal complaint where an alternative process is not described. Please note: alternative processes exist in relation to complaints of discrimination, sexual harassment and protected disclosures (Whistleblowers).

please continue to complete this form. This should be done as soon as possible, but normally no later than six months after the matter in question occurred.

The details you provide below will be used to process and investigate your complaint. In dealing in your complaint we will comply with our obligations as set out in the [Privacy policy](#).

1. YOUR INFORMATION			
Submission Date		Campus	
Name			
Staff ID Number			
Faculty/Institute/other area			
Position title			
Deakin email	@deakin.edu.au		
Phone number			
Manager/supervisor name			
2. COMPLAINT DETAILS			
Please advise the nature of your complaint (e.g. dispute, grievance, other formal complaint)			

Describe the behaviour you think might be bullying?

Describe an example of the behaviour, including where it occurred and how it creates a risk to health and safety (include where it happened and who witnessed the behaviour)

SCHEDULE A: WORKPLACE BULLYING COMPLAINT FORM

Who was involved in the example above?

Did you report the incident? Yes No

How many times has this behaviour happened?

How long ago did this behaviour start happening?

When was the last time this behaviour happened?

Describe another example of the behaviour, including where it occurred and how it creates a risk to health and safety (include where it happened and who witnessed the behaviour)

Who was involved in the example above?

Did you report the incident? Yes No

How many times has this behaviour happened?

What evidence do you have to support your complaint/s?

Are there any **immediate** health and safety risks in the workplace? If yes, please provide specific details.

SCHEDULE A: WORKPLACE BULLYING COMPLAINT FORM

Have you tried to resolve the matter informally? If so, what did you do? Did you seek help? If yes, from whom? What was the result? If you have not attempted to resolve the matter informally, please explain why.

What outcome would you like?

Have you made a complaint about the alleged behaviour as part of another process, policy or procedure or another organisation? If yes, please note below.

3. PERSON (S) AGAINST WHOM BULLYING HAS BEEN ALLEGED

Name		Campus	
Faculty/Institute/other area			
Position title			
Deakin email	@deakin.edu.au		
Phone number			
Manager/supervisor name			

Name		Campus	
Faculty/Institute/other area			
Position title			
Deakin email	@deakin.edu.au		
Phone number			
Manager/supervisor name			

Name		Campus	
Faculty/Institute/other area			
Position title			
Deakin email	@deakin.edu.au		
Phone number			
Manager/supervisor name			

Please send or email this form and supporting documents to the [Manager, Workplace Relations, Human Resources Division](#), Deakin University, 221 Burwood Highway, Burwood VIC 3125.

We will contact you to discuss your complaint as soon as possible.