

BULLYING FORMAL COMPLAINT FORM

This form is to lay a formal complaint. Record the details of the complaint below.

Incident 1 (repeat table as needed)

Name:	Who witnessed this incident?
When did it happen?	
Time: HH : MM Date: DD / MM / YEAR	
Where did it occur?	
Who was present?	
What was said and who said what?	
Why do you think it is bullying? It's unreasonable because:	
It's repeated because:	How did this incident make you feel?
It's endangered my health or safety because:	How has this incident affected your work?
	Have you taken any actions? If so, what?
	As a result of this complaint, what do you want to happen?
	Please give this complaint to: (insert appropriate person in business or undertaking)