

Bullying Complaint Form



Please detail your complaint below:

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| Your Name: |
| Date incident took place: |
| Time the incident took place: |
| Date you lodged this complaint: |
| Location: |
| Who was present? |
| Were there any other witnesses? |
| What happened: |
| What was said and who said what? |
| Why do you think it is bullying? It's unreasonable because: |

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| It's endangered my health and safety because: |
| How did this incident make you feel? |
| How has this incident affected your work? |
| Have you taken any actions? If so, what? |
| As a result of this report, what do you want to have happen? |
| Name of person you gave this report to: |