



**DETAILS OF ALLEGED BULLYING**

Who did the alleged bullying? Provide name and position of all persons.

Provide some information about the alleged bullying. 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 and add some detail. You can add other examples.

Tick	Possible behaviour	Name of any witness (if any)	Date(s) it occurred	Is it in writing?
<input type="checkbox"/>	Abusive, insulting or offensive language or comments			
<input type="checkbox"/>	Undue criticism			
<input type="checkbox"/>	Spreading misinformation or malicious rumours			
<input type="checkbox"/>	Excluding, isolating or marginalising a person from normal work activities			
<input type="checkbox"/>	Withholding information that is vital for effective work performance			
<input type="checkbox"/>	Unreasonably overloading a person with work or not providing enough work			
<input type="checkbox"/>	Setting tasks that are unreasonably below or beyond a person's skill level			
<input type="checkbox"/>	Denying access to information, supervision, consultation or resources such that it has a detriment to the worker			
<input type="checkbox"/>	Other			

**DETAILS OF WORKPLACE PREVENTION AND RESPONSE**

What is your relationship to the workplace where the alleged bullying occurred (tick all that apply)

- Worker  
  Ex-worker  
  Health and safety representative  
  Member of the public  
  Union member  
 Other (please provide details)

Does the workplace have a policy or procedure on bullying?  Yes  No  Unknown

Does the workplace have a policy or procedure for reporting hazards?  Yes  No  Unknown

Does the workplace have a policy or procedure on grievance resolution?  Yes  No  Unknown

Have you used any of these policies or procedures to raise this bullying matter?  Yes  No

If **Yes**, what happened?

continued over

## Complaint form – bullying in the workplace

Have you raised the issue with a supervisor, a manager or the business owner?  Yes  No

If **Yes**, what is the person's name and position? What happened?

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Does the workplace have a health and safety representative?  Yes  No  Unknown

If **Yes**, what is their name?

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Have you or anyone else raised the issue with the HSR?  Yes  No

If **Yes**, what action did the HSR take?

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Are you aware of any other businesses that are involved in resolving this issue? Provide name

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### OTHER JURISDICTIONS

Have any other organisations been involved in resolving this matter?  Yes  No

If **Yes**, which ones?:  NSW Police

NSW Anti-Discrimination Board

Office of Industrial Relations

NSW Ombudsman

Fair Work Australia

Union

Other

What action has the agency taken?

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### MAKING THIS COMPLAINT TO WORKCOVER

What action or outcome would you like to see as a result of your complaint?

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Return the completed form to WorkCover:

**Fax:** (02) 9271 6017

**Email:** [bullyingcomplaint@workcover.nsw.gov.au](mailto:bullyingcomplaint@workcover.nsw.gov.au)

**Post:** Strategic Assessment Centre, WorkCover NSW, Locked Bag 2906, Lisarow, NSW 2252.

If you require assistance to complete this form please contact **13 10 50**.