

WORKPLACE DISCRIMINATION, HARASSMENT, SEXUAL HARASSMENT AND BULLYING COMPLAINT FORM

STO Union Theatre Co. Inc.

Please ensure you have read our *Complaint Handling and Investigation Procedure* before lodging a complaint.

1. Personal details of the complainant

Title

First name

Last name

Email address

Contact number

Position

Are you complaining on behalf of someone else?

If yes, what is their name/s?

2. When did the incident/s happen?

It began on (date)

It finished on (date)

Is it still going on?

3. Who is this complaint against?

First name

Last name

Relationship to STO Union Theatre Co. Inc.

(e.g. employee position, contractor, volunteer)

4. What happened? Please describe the incident/s in detail.

Please describe the incident/s or behaviour in detail. If you need more space please provide these details on a separate page attached to this form.

Where did the incident/s occur?

When did the incident/s occur? (if there have been multiple incidents, how often has or does the offending behaviour occur? (e.g. daily, weekly, monthly)

Have there been any witnesses to the described incident/s? (If so, please name)

Any other relevant information.

5. Please indicate any other steps you have already taken

Raised the problem with a colleague and/or my manager (please name and detail outcome)

Lodged a complaint with a third party, such as a government entity or union (please provide details of where the complaint was made and the status of the complaint)

Other (please provide details)

6. Supporting evidence

If there are any documents that may help STO Union Theatre Co. Inc. investigate your complaint, please provide copies or advise where this information may be obtained.

7. Confidentiality

Only those directly involved in making or investigating a complaint will have access to information about the complaint (except in circumstances necessitated by law where the alleged conduct is serious and/or may amount to criminal conduct). Please ensure that you maintain confidentiality and do not disclose details of your complaint except to the extent necessary to make your complaint in accordance with the Complaint Handling and Investigation Procedure.

8. Sign and date your complaint

Signature

Full name

Date

Office use

Date complaint received

Staff member managing complaint
(name and position)
