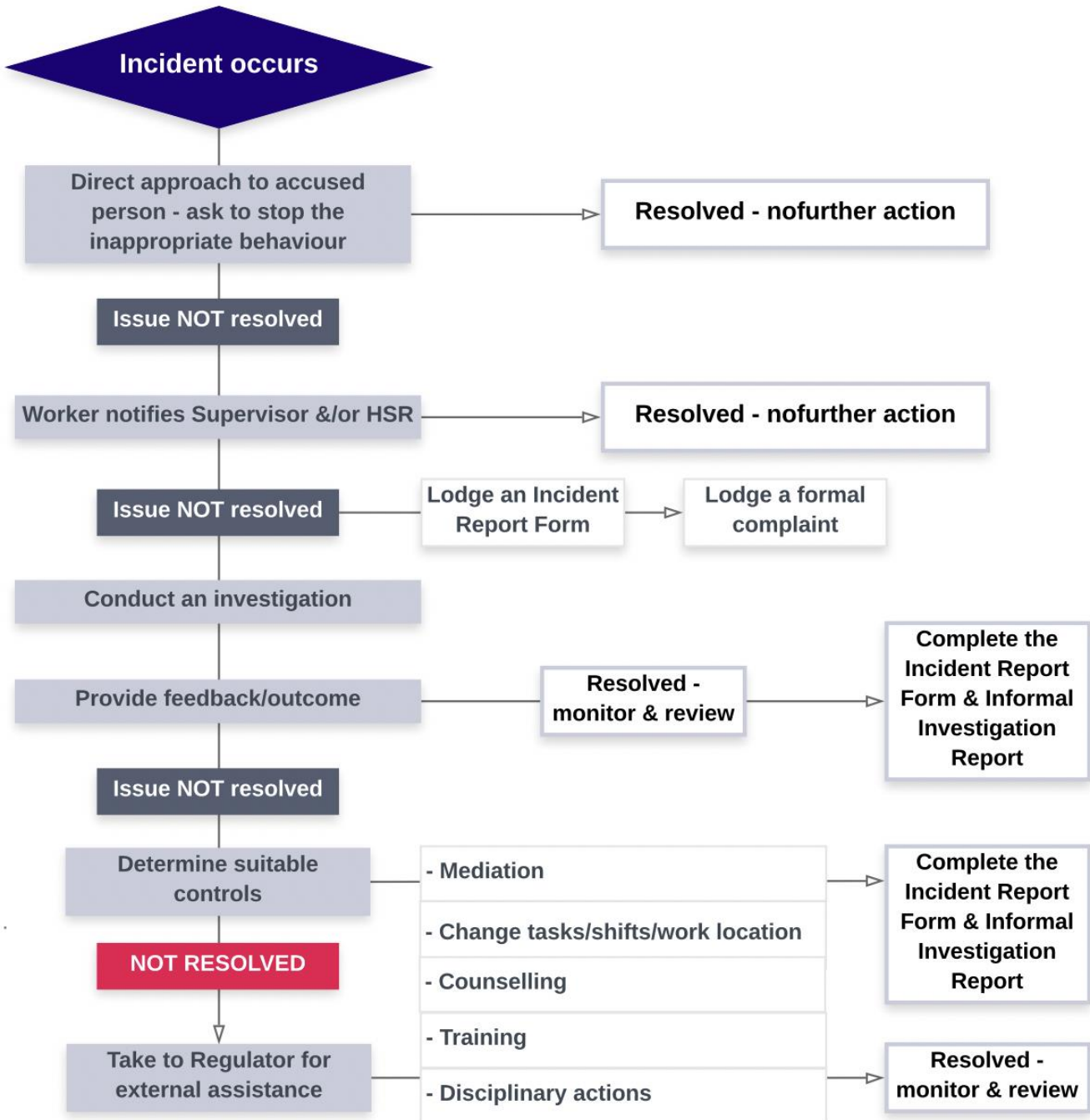


HR INCIDENT AND INVESTIGATION REPORT FORM

Administrative use only. Date Submitted:

INCIDENT REPORT AND INVESTIGATION FLOWCHART.



COMPLAINT PROCESS

A person who has been the subject of conduct that they believe constitutes workplace discrimination may make a formal complaint or may seek to have the matter resolved on an informal basis. Information provided by a complainant will be kept confidential.

Timely reporting is encouraged to improve the effectiveness of any response and to prevent a reoccurrence of the issue.

INFORMAL COMPLAINT

1. The complainant may wish to communicate directly with the person with whom they have a concern and ask that they refrain from further conduct of that nature.
2. If direct communication is not possible or does not resolve the complainants' concerns, they should then discuss the matter with their supervisor who will explain potential strategies for dealing with the conduct complained of.
3. The complainant, in consultation with their supervisor, will decide on a course of action to attempt to resolve the matter.
4. If deemed appropriate, we may be able to assist in the informal resolution process by the appointment of a mediator agreed to by the parties involved, who may be able to help the parties resolve the matter.
5. After achieving a satisfactory resolution, the issue will be monitored by operations manager to ensure there are no re-occurrences or further concerns.
6. Records kept during the resolution process.

FORMAL COMPLAINT

1. Where a complainant's endeavours to resolve a complaint informally have failed, he or she may choose to make a formal complaint.
2. The particulars of the complaint must be submitted in writin to Julie Meagher
3. This would include a completed Incident/Injury Report Form and any supporting statements or documents.
4. Julie Meagher will investigate the complaint in consultation with the relevant persons. The investigation will follow and apply the principles of Natural Justice.
5. After completing the investigation, Julie Meagher will make a finding as to whether bullying has occurred, or whether it is likely to have happened.
6. Julie Meagher, will then submit a detailed report with a recommended course of action to the appropriate decision-maker (senior management).
7. An appropriate course of action will then be decided and implemented, in consultation with all relevant persons.
8. If required, assistance to achieve an acceptable resolution will be initiated with an appropriate external authority.

PERSONS INVOLVED	
Name of person reporting:	Are you a worker? <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone:	Mobile ph.:
Email:	
Managers' Name:	Managers' ph.
Managers' Email:	
Name of the complainant (if different than person reporting):	
Complainants' address (if not a worker):	
Are you a worker? <input type="checkbox"/> Yes <input type="checkbox"/> No	Email:
The Complainants' ph.:	Mobile ph.

Complainants' Managers' Name (if a worker):

Managers' ph.

Managers' Email:

Was medical treatment required? No First Aid Nurse Doctor Hospital

Description of behaviour/incident:

Location:

Time:

Date:

Name of the accused person of the offence (if known):

Are you a worker? Yes No Unknown

Type of incident:

- Verbal abuse Threatening behaviour Armed assault Physical assault Property damage
 Sexual harassment Discrimination/Equal opportunity (specify):

Describe incident: (provide as much detail as possible, including events leading up to incident) The format who, what, where, when and why can help describe the incident.

Describe immediate actions taken (e.g. security/police/manager/co-worker called)

Was medical attention/first aid required? Yes No (Describe injuries and first aid provided):

WITNESSES: List names and contact details

Witness 1- Name:

Witness role Worker Customer Other?

Address:

Contact No:

Email:

Witness 2- Name:

Witness role Worker Customer Other?

Address:

Contact No:

Email:

Witness 3- Name:

Witness role Worker Customer Other?

Address:

Contact No:

Email:

Witness 4- Name:

Witness role Worker Customer Other?

Address:

Contact No:

Email:

FOLLOW UP

Has a police report been submitted? Yes No

Has an investigation been initiated? Yes No

Reporting person name:

Sign:

Supervisor name:

Sign: