

Bullying & Harassment Complaint Form

STRICTLY PRIVATE AND CONFIDENTIAL

I wish to have my complaint formally investigated under the Bullying and Harassment Policy.

Employee Information:	
Name:	
Service:	
Job Title:	
Grade:	
Work Location:	
Contact Number:	
Line Manager:	
Representatives Name:	

This Complaint is Against:	
Name:	
Job Title:	

Statement of Complaint
<p>Please give details below of the recent incident(s) causing you to make a formal complaint, including a description of the alleged behaviour(s) you found unacceptable. You should include the date(s) and time(s) of when the incident(s) took place, and reference details of the name(s), job title(s) and contact details of any witness(es) who were present at the time of the alleged incident(s) described.</p>

Statement of Complain Cont. (continue on a separate page if required).

Has this or a similar complaint been raised by you previously (delete as appropriate)	Informally		Formally	
	Yes	No	Yes	No

What was the outcome of this?

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I note that a copy of this form excluding witness details will be issued to the respondent(s) to allow them the opportunity to respond to the allegation(s).

I hereby confirm that the above information is a true and accurate reflection of events. Furthermore, I understand that making false or inaccurate allegations is a breach of Glasgow Life's Bullying and Harassment Policy and may be subject to disciplinary action.

Print Name:	
Signature:	
Date:	

For official use only

Received by	
Name:	
Job Title:	
Date:	
Name of Investigator Allocated to Case:	
Date Passed to Investigator:	
Date Received by Investigator:	

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Glasgow Life has a legal duty to capture information on the number of harassment complaints made. We use this information to make sure that our policies and procedures are working effectively and that we don't discriminate on the grounds of gender, ethnicity or disability.

PERSONAL DETAILS			
Please tick the appropriate box to indicate your gender			
Gender	Female <input type="checkbox"/>	Male <input type="checkbox"/>	Non Disclosed <input type="checkbox"/>
Please tick the box that best describes your ethnic origin			
White			
Scottish <input type="checkbox"/>	English <input type="checkbox"/>	Welsh <input type="checkbox"/>	Northern Irish <input type="checkbox"/> British <input type="checkbox"/>
Irish <input type="checkbox"/>	Gypsy/Traveller <input type="checkbox"/>	Polish <input type="checkbox"/>	Other White Ethnic Group <input type="checkbox"/>
Mixed <input type="checkbox"/>			
Any Mixed background, please write in:			
Asian			
Pakistani, Pakistani Scottish or Pakistani British <input type="checkbox"/>	Indian, Indian Scottish or Indian British <input type="checkbox"/>		
Bangladeshi, Bangladeshi Scottish or Bangladeshi British <input type="checkbox"/>	Chinese, Chinese Scottish or Chinese British <input type="checkbox"/>		
Other (Asian) <input type="checkbox"/>			
Black			
African, African Scottish or African British <input type="checkbox"/>	Caribbean, Caribbean Scottish or Caribbean British <input type="checkbox"/>	Black, Black Scottish or Black British <input type="checkbox"/>	
Other Black Background <input type="checkbox"/>			
Other ethnic background <input type="checkbox"/>	Arab <input type="checkbox"/>		
Other ethnic background, please write in:			
Non Disclosed <input type="checkbox"/>			

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Do you consider yourself to have a disability?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Non Disclosed <input type="checkbox"/>
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Please return this section of the form to the ER team at ergl@glasgowlive.org.uk