

ATTACHMENT 2

INCIDENT REPORT FORM FOR BULLYING COMPLAINTS

Reporting form for bullying and violence from inside the workplace

Incident report from – internal bullying and violence	
Name (person reporting)	
Contact number	
Service Name	
Date of incident/s	
What happened?	(Describe incident/s and/or behaviour/s)
Was physical force or threats to use physical force involved?	Please describe:
Did this happen to you or to someone else?	
Was anyone else involved? If so, who?	
Were there any witnesses? If so, who?	

How often has this happened?	
Describe what happened immediately before the incident?	
Was any action taken at the time?	If yes, explain:

Office Use Only	
Date Received:	
Date Complainant Interview	
Counselling offered to Complainant	Accepted:
Date Witness Interview	
Date Respondent Interview	
Counselling offered to Respondent	Accepted:
Mediation Offered to Complainant	
Recorded documentation of all interviews/investigations and findings stored securely at Shine Bright EYM Central Office.	