



**Private and Confidential
WORKPLACE BEHAVIOUR
complaint report form**

1. Which of the following best describes your relationship with the company or organisation?				
Employee <input type="checkbox"/>	Contractor <input type="checkbox"/>	Supplier <input type="checkbox"/>	Client <input type="checkbox"/>	
Resident <input type="checkbox"/>	Family Member <input type="checkbox"/>	Carer <input type="checkbox"/>	Other <input type="checkbox"/>	
Please specify:				
2. Which of the following conduct best describes the type of conduct you wish to report?				
Bullying <input type="checkbox"/>	Harassment <input type="checkbox"/>	Sexual harassment <input type="checkbox"/>	Elder abuse <input type="checkbox"/>	Unsafe workplace <input type="checkbox"/>
Violence <input type="checkbox"/>	Neglect <input type="checkbox"/>	Inappropriate behaviour <input type="checkbox"/>	Discrimination <input type="checkbox"/>	Financial abuse <input type="checkbox"/>
Other? Please specify:				
3. Have you previously reported the same information to Grapevine?				
4. How did you become aware of this conduct, incident or activity?				
It happened to me <input type="checkbox"/>	I observed it <input type="checkbox"/>	I heard about it from another employee <input type="checkbox"/>		
I overheard it <input type="checkbox"/>	Accidentally <input type="checkbox"/>	Other <input type="checkbox"/>		
Please specify:				
5. How long has this incident been occurring?				
Uncertain <input type="checkbox"/>	Once <input type="checkbox"/>	Less than a week <input type="checkbox"/>	More than a week <input type="checkbox"/>	
More than a month <input type="checkbox"/>	More than six months <input type="checkbox"/>	Over a year <input type="checkbox"/>		
6. Please give us a detailed description of the information you wish to report				
7. Please provide us with the name(s) of the people involved.				

8. Name of service involved: residential / community care / community transport / alcohol & drug rehabilitation / family service
9. Address of service involved: residential / community care / community transport / alcohol & drug rehabilitation / family service
10. List any relevant dates and times of any incidents.
11. List locations or events where incidents occurred.
12. Are there any witness(es)? Please provide names and contact details.
13. Was there another company or organisation involved?
14. Please provide us with the address of company/department involved.
15. Please provide us with the name(s) of people involved at other company or organisation.
16. Is there any physical documentation or evidence available? Please describe document and location.
17. Does anyone else know of this physical documentation or evidence?
18. Has any physical documentation or evidence been destroyed or disposed of?
19. Have you reported this matter to anyone at the company or organisation previously? Please specify whom, and supply name, role title and where they are located.
20. Was action taken? Please supply details.

21. How did you feel about the organisation’s response and actions to your complaint?

22. Have you told anyone else the information in this report? Please specify whom (eg other persons, governing bodies and organisations, and why you have told them.

23. Are you willing or able to provide any further details that will help to resolve the matter? Please supply details.

24. What would be the best way, in your opinion, to resolve this report?

25. Please provide the date this form was forwarded to Grapevine: