

Institute of Tourism Studies Harassment and Bullying Complaint Form Confidential

This form is to be completed by any employee wishing to report an incident of harassment and/or bullying in accordance with the Institute of Tourism Studies' Harassment and Bullying Policy.

The information provided will be treated with the highest level of confidentiality and will only be shared with those directly involved in the investigation and resolution of the complaint.

Section 1: Complainant Details

Full Name:

Department/Unit:

Job Title:

Contact Number:

Email Address:

Preferred Method of Contact:

- ☐ Email
- ☐ Telephone

Section 2: Person(s) Complaint is Against

Please provide the details of the individual(s) against whom the complaint is being made.

Full Name:

Department/Unit:

Job Title:

Section 3 – Nature of Complaint

Please indicate the type of complaint (tick all that apply):

- ☐ Harassment
- ☐ Bullying
- ☐ Sexual Harassment
- ☐ Victimisation
- ☐ Discrimination
- ☐ Other (please specify): _____

Section 4 – Details of the Incident(s)

Please describe the incident(s) as fully as possible.

Include:

- What happened
- Where it happened
- Date(s) and time(s)
- What was said or done
- Any relevant background information

[illegible]

Section 5: Witnesses

Were there any witnesses?

- ☐ Yes
- ☐ No

If yes, please provide their details.

Name Department Contact Details

Section 6: Supporting Evidence

Please indicate any evidence you are submitting in support of your complaint.

Please list attached documents:

Section 7: Previous Action Taken

Have you previously attempted to resolve this matter?

☐ No

☐ Yes

If yes, please provide details.

Section 8: Declaration

I declare that the information provided in this complaint form is true and accurate to the best of my knowledge. I understand that the Institute will investigate this complaint in accordance with its Harassment and Bullying Policy.

I also understand that knowingly making a false or malicious complaint may result in disciplinary action.

Employee Signature: _____

Date: _____

