INTERNAL COMPLAINT FORM

Confidential – To be submitted to HR

EMPLOYEE DETAILS			
Name & Surname:		Employee Number:	
Department:		Contact number:	

COMPLAINT TYPE (tick applicable)	☐ Discrimination	☐ Harassment (verbal, physical, cyber)	☐ Sexual Harassment
	☐ Bullying	☐ Victimisation	☐ Microaggression
	☐ Other:		
INCIDENT INFORMATION	Date(s):		
	Time(s):		
	Location(s):		
	Person(s) involved:		
DESCRIPTION OF INCIDENT (add a page to this form if required)			
PRIOR REPORTING	Reported before?	☐ Yes	☐ No
	If yes, to whom:		
DESIRED OUTCOME			

DECLARATION: I, the undersigned, declare the above information is accurate to the best of my knowledge.

NAME & SURNAME:		SIGNATURE:	
ID NUMBER:			
DATE:			