

Sexual Harassment Complaint Form

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|-------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|-----------------|
| <input type="checkbox"/> Client <input type="checkbox"/> Home Care Employee <input type="checkbox"/> Office Staff | Registered Number (Must correspond to the number on the complaint register) | Form no.: _____ |
|-------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|-----------------|

Part A (to be completed by person lodging form).

Date complaint lodged: _____

Name of person lodging complaint: _____

Name of person(s) complaint is regarding: _____

Name of person complaint was submitted to: _____

Does the grievance involve alleged Assault/Neglect/Abuse of Client and Home Care Employee ? Yes* / No

Does the grievance involve an alleged criminal action ? Yes* / No

***If Yes you must immediately report the matter to the Manager**

Describe grievance:

Outline your attempt(s) to resolve the matter:

What is required to resolve the matter to your satisfaction?

Name of person submitting this form

Signature

Date

Part B - Office use only

Manager informed (date and time): _____

Signature of person informing Manager: _____

Investigation by management member (attach additional file notes if required):

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| | | |
|-------------|------------------|-------------|
| Name | Signature | Date |
|-------------|------------------|-------------|

Outcome of investigation (attach additional file notes if required):

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| | | |
|-------------|------------------|-------------|
| Name | Signature | Date |
|-------------|------------------|-------------|

Recommended Course of Action (attach additional file notes if required)

.....
Name

.....
Signature

.....
Date

Approved Course of Action (attach additional file notes if required)

.....
Name

.....
Signature

.....
Date

Further Action Required? Yes / No (if yes attach file note with details)

Sexual harassment complaint forwarded to: _____

Sexual harassment complaint forwarded to Manager Date: _____

Other named parties informed of Sexual harassment complaint Date: _____

Date complaint closed: ____ / ____ / _____

Name: _____

Signature: _____

Date: ____ / ____ / _____