

# Sexual Harassment Complaint Form

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|---|--|--|
| <b>Registered Number:</b><br><input style="width: 100%; height: 20px;" type="text"/><br><br>(Must correspond to the number on the complaint register) | <b>Date lodged to 121 Care:</b><br><input style="width: 100%; height: 20px;" type="text"/> | <b>121 Care date received</b><br><input style="width: 100%; height: 20px;" type="text"/> |
|---|--|--|

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

Client   
  Home Care Employee   
  Office Staff   
  Member of public

Name of person lodging complaint:

Contact details of complainant: Phone:  Mobile:

Email:

Name of person(s) complaint is alleged:

Name of person complaint reported to:

Does the grievance involve alleged sexual assault or abuse of a Client or 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 General 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**

General Manager informed (date and time):

 

Name of person informing General Manager:

Name of person conducting investigation:

**Investigation notes: (attach additional file notes if required):**

**Outcome and recommendations (attach additional file notes if required)**

Allegations substantiated:

\*Yes

No

Further Action Required?

\*Yes

No

Police action required?

\*Yes

No

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

**Complaint closure:**

Complainant advised of outcome:  \*Yes  No Date:

Date complaint closed:

Investigator Name:

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

General Manager: Kym Chomley

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_