

#### **ALLEGATION OF HARASSMENT**

### STRICTLY PRIVATE AND CONFIDENTIAL

The aim of the harassment policy is to provide a working environment which free from harassment, bullying or abuse. The Company is committed to providing equality of opportunity to all its employees and will ensure that every employee is treated with dignity and respect in the course of their employment.

#### **GROUNDS OF HARASSMENT**

People can be subject to harassment on a wide variety of grounds. The undernoted are examples, however the list is not exhaustive. Anyone who is perceived as different or who is in a minority, or who lacks organisational power, runs the risk of being harassed. Grounds may include:

- their race, ethnic origin, nationality or skin colour
- their sex or sexual orientation
- their religious or political convictions
- their willingness to challenge harassment, leading to victimisation/bullying/abuse
- their disabilities, sensory impairments or learning difficulties
- their status as ex-offenders
- their age (or youth)
- their actual or perceived HIV/AIDS status or perceived association with an HIV positive person
- their trade union membership or activity, or because of their non membership of a trade union.

Please keep a copy of this form for *your* records.

Harassment issues are considered private and confidential. Employees should always attempt to resolve the situation informally in the first instance. Where they then wish to proceed to a formal stage, they should use the enclosed form. Guidance and/or assistance with completing the form(s) is available from your Trade Union representative.

The individual and their representative must present a "complete" case, with all relevant information/documentation/witnesses as appropriate. Anyone who is not satisfied with the decision has the right of appeal.



## **ALLEGATION OF HARASSMENT**

Department:	
Job Title:	
Name:	
Grade/SCP Range:	
Work Location:	
Division:	
Work Phone Number:	
Supervisor's Name:	
Representative's Name/capacity (e.g. trade	
union representative or colleague):	
Statement of Harassment (please continue on	separate page if necessary)
	unds of harassment. Provide a full explanation of why backs this up (and attach any relevant documents).



INFORMAL STAGE
Have you attempted to resolve the harassment informally?
<b>Please note:</b> - Any employee who perceives they have been harassed in the workplace should, if comfortable speak to the harasser and explain that their conduct is unwelcome, offensive or interfering with work. If this is too difficult or embarrassing they could ask a colleague, counsellor or Union representative to speak to the harasser on their behalf. You should only proceed to the formal stage where the matter cannot be satisfactorily concluded informally.
Outcome of informal discussion:
I give permission for my representative (colleague or Trade Union representative) named below to have access to any relevant information they require, including sickness or injury records.
Signed:
Print name:
Date:
Representative's Name/capacity (e.g. Trade Union representative or Colleague)
Telephone No:
Representative's Signature:Date:
NOW GIVE THIS FORM TO YOUR LINE MANAGER  For office use only
Data received:

Notification of Harassment Pro Forma

Date acknowledged:



# OUTCOME OF HARASSMENT ALLEGATION

Date of meeting:		
Was employee notified of the right to be		
accompanied?		
Persons present at meeting:		
This section should include a full explanation of decision.	of why you came to your decision and reasons for your	
Background:		
background.		
Conclusions:		
Outcome:		
outcome.		
Record of action taken (or action to be		
taken, with timescales):		
Investigatory Officer's signature:		
investigatory Officer's signature.		
Date:		
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HAS THE COMPLAINT BEEN UPHELD?		
Yes	□ No □	
Where you have ticked no, this initiates the right to appeal the above decision, which must be		
lodged within 7 days from receipt of the letter.		
Employee's Signature:		
Date:		



## **APPEAL AGAINST HARASSMENT DECISION**

Employee Name:		
Employee Signature		
Date:		
Received by HR:		
Acknowledged by HR:		
Received by Nominated Manager:		
Please state grounds of appeal:		
Signed:		
Print name:		
Date:		
For office use only		
Date received:		
Date acknowledged:		