April 2022

# Bullying and inappropriate conduct in the workplace

Bullying and inappropriate conduct is a risk to health and safety as it can cause both psychological and physical harm.

Complete this form and send it to the NSW Resources Regulator if what happened to you meets the following criteria:

* you work in a mining workplace
* what happened to you meets the definition of bullying and inappropriate conduct, sexual harassment, workplace violence and sexual assault ([Factsheet - Workplace bullying and inappropriate conduct](https://www.resourcesregulator.nsw.gov.au/sites/default/files/2022-04/Factsheet_bullying-and-harrassment.pdf)) **and**
* you have either:
	+ reported it to your workplace and there has been no action, or you believe that the action taken was inappropriate, **or**
	+ you are unable to report it in your workplace because there is no procedure, or you are concerned for your health and safety.

The Regulator will assess the information you provide before deciding on the most appropriate course of action, which may include:

* consulting with the parties involved
* advising and guiding the workplace on how to prevent and respond to bullying and inappropriate conduct
* referring the matter to another agency if it falls outside the regulator’s jurisdiction
* gathering more information in relation to possible breaches of work health and safety legislation
* taking no further action.

# Personal details

|  |  |  |  |
| --- | --- | --- | --- |
| (The person raising the issue with NSW Resources Regulator)First name |       | Last name |       |
| Salutation | [ ]  Mr [ ]  Mrs [ ]  Ms [ ]  Miss [ ]  Dr [ ]  Other:       |
| Home address |       |
| Postal address |       |
| Email address |       |
| Home telephone |       | Mobile |       |
| Are you the person who was allegedly bullied or experienced inappropriate conduct? | Yes       | No       |
| If NO, please supply the name and contact details of the person who was allegedly bullied or experienced inappropriate conduct. |
| First name |       | Last name |       |
| Home telephone |       | Mobile |       |
| Do you have the consent of this person to raise this issue with the NSW Resources Regulator? | [ ]  Yes       | [ ]  No       |

# Consent

|  |  |  |
| --- | --- | --- |
| Do you consent to the NSW Resources Regulator raising this issue of alleged bullying or inappropriate conduct with the relevant workplace parties?(If NO, the regulator cannot take any action. Do not continue to complete this form) | [ ]  Yes       | [ ]  No       |
| Do you consent to the Regulator making the workplace parties aware that the issue has been raised by you?(If NO, please be aware that the workplace parties may assume that the issue has been raised by the person being bullied) | [ ]  Yes       | [ ]  No       |

# Workplace details (where the alleged bullying or inappropriate conduct occurred)

|  |  |
| --- | --- |
| Business name |       |
| Address |       |
| What industry is the business in? |       |
| Where did the alleged bullying occur? |       |

# Details of the alleged bullying and inappropriate conduct

|  |
| --- |
| Who did the alleged bullying? Provide name and position of all persons.      |

Provide some information about the alleged bullying and or inappropriate conduct ( please refer to fact sheet for definitions). Listed below are some examples of unreasonable behaviours that may be considered, when part of a repeated pattern of events. Tick any of these that are relevant to you and add some detail. You can add other examples. If you require more space for writing your response please add this on additional pages.

| **Tick** | **Possible behaviour** | **Name of any witness (if any)** | **Date(s) it occurred** | **Is it in writing?** |
| --- | --- | --- | --- | --- |
| [ ]  | Bullying and harassment  |       |       |       |
| [ ]  | Sexual Harassment |       |       |       |
| [ ]  | Workplace violence |       |       |       |
| [ ]  | Workplace sexual assault |       |       |       |

# Details of workplace prevention and response

What is your relationship to the workplace where the alleged bullying occurred (tick all that apply)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  [ ]  Worker | [ ]  Ex-worker | [ ]  Health & safety representative | [ ]  Member of the public | [ ]  Union member |
| [ ]  Other (please provide details)       |

# Declaration

|  |  |  |  |
| --- | --- | --- | --- |
| Does the workplace have a policy or procedure on bullying and inappropriate conduct? | Yes [ ]  | No [ ]  | Unknown [ ]  |
| Does the workplace have a policy or procedure for reporting hazards? | Yes [ ]  | No [ ]  | Unknown [ ]  |
| Does the workplace have a policy or procedure on grievance resolution? | Yes [ ]  | No [ ]  | Unknown [ ]  |
| Have you used any of these policies or procedures to raise this matter? | Yes [ ]  | No [ ]  |  |
| If yes, what happened?       |

# Other jurisdictions

|  |  |  |
| --- | --- | --- |
| Have any other organisations been involved in resolving this? | Yes [ ]  | No [ ]  |
| If Yes, which ones? | NSW Police [ ]  | NSW Anti-Discrimination Board [ ]  | Office of Industrial Relations [ ]  |
|  | NSW Ombudsman [ ]  | Fair Work Australia [ ]  | Union [ ]  | Other [ ]  |
| What action has the agency taken?       |

# Making this complaint to the NSW Resources Regulator

What actions or outcome would you like to see as a result of your complaint?

|  |
| --- |
|       |

# Submitting this form

Email this form to cau@planning.nsw.gov.au

Mail: Central Assessment Unit, NSW Resources Regulator, PO Box 344, HRMC, 2310.

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| --- |
| Office use only |
| Entered by |       | Date |       |
| Checked by |       | Date |       |

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