

VIEU

PREVENTING WORKPLACE BULLYING

INCIDENT REPORT FORM.

To substantiate an allegation of workplace bullying the collection of evidence and data is vital. It is important that instances of bullying are reported. You may use this form to report instances of bullying in your workplace. If possible you should report the incident to your employer, health and safety rep and VIEU rep using this form. If you feel unable to report the incident to any of those persons in your workplace you should complete the report form and fax it to your VIEU Organiser at the Union Office on 9254 – 1865. Your Organiser will then contact you to discuss the matter further. You should provide a copy of the incident report form to each person you are reporting to and retain a copy for your own records.

Definition:

Workplace bullying is repeated, unreasonable behaviour directed toward an employee or group of employees, that creates a risk to health and safety.

Employer's Duty of Care:

Section 21(1) of the Occupational Health and Safety Act states an employer must, so far as is practicable, provide for employees of the employer a working environment that is safe and without risks to health.

Managerial Prerogative:

A Principal has the right to control and direct how work is done at the workplace but this must not be done in such a manner as to disregard their duty of care to protect the health and safety of their employees. Such direction and control may from time to time be exercised poorly or inappropriately, in ways that may not meet the definition of workplace bullying. Performance management practices and disciplinary measures such as due process are legitimate and reasonable ways for Principals to address grievances with employees and may not necessarily constitute instances of bullying.

A Single Incident:

A single incident does not fit within the definition of workplace bullying. Single incidents which have been reported should not be ignored by an employer as they may indicate they not meeting their duty of care or that the workplace is at risk of bullying occurring in the near future.

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INCIDENT REPORT FORM.

Section 1 Your Details

Name:

School:

Preferred e-mail Contact Address:

Preferred Telephone Contact:

Date of Report:

Section 2 Source of the Bullying

Please tick appropriate box or boxes

- Principal
- Parish Priest
- Board Member
- Deputy Principal
- Year Level Co-ordinator
- KLA Director or Department Head
- Bursar or Business Manager
- Staff Member
- Other

If the source of the bullying is outside of the workplace please provide further details.

Section 3 Unreasonable Behaviour

Behaviour that a reasonable person would expect to victimise, humiliate, undermine or threaten another person. Please report the type of behaviour you are experiencing, tick as many boxes as required.

- Verbal Abuse
- Intimidation
- Being assigned meaningless tasks not related to your job
- Being excluded or isolated from colleagues
- Being given tasks which are impossible to complete
- Being subjected to deliberate changes in rosters
- Not being given information vital to effective work performance
- Psychological harassment
- Personal possessions being removed or disappearing
- Other – Please provide further details

Section 4 Repeated Behaviour

The behaviour does not always have to take the same form. Rather, it is persistent and established. The bullying behaviour may consist of a variety of diverse forms. How often does the unreasonable behaviour identified in section 3 occur?

- Once per day
- More than once per day – how many times?
- Once per week
- More than once per week – how many times?
- Other, please provide further information

Section 5 Details of the Incident

Briefly describe what happened.

- When did the incident occur?
- Was the behaviour directed at other employees as well as yourself?
 - Yes
 - No
- Who witnessed the incident
 - Nobody
 - Name of witness 1
 - Name of witness 2
 - Name of witness 3
- Do you have any of the following which may be used to support your allegation
 - E-mail
 - Letters
 - Diary notes and entries
 - Personal journals

Section 6 How the Incident Was Reported

- Have you experienced bullying in this workplace prior to this incident?
 - Yes
 - No
- Have you reported prior incidents of bullying?
 - Yes – Please provide brief details of when and what the outcome was
 - No – Please provide details of why you did not report the incident.

- Have you reported the current incident to any of the following persons

Yes – Date report was made

- OHS Rep
- VIEU Rep
- Principal
- OHS Officer
- Other – please provide further details

- What happened as a result of your report?

No

- The Principal is the bully
- Nothing will happen to resolve the matter
- Afraid the bullying will get worse
- Fearful of losing my job
- Wish to remain anonymous
- Other – please provide further details

- Has the incident been recorded in the Injury Book at you workplace?

- Yes
- No

Section 7 Impact on Health

- Have you sought medical advice or assistance as a result of this or previous incidents?
 - Yes
 - No
- Have you lodged a workcover claim?
 - Yes – Date your claim was lodged
 - No
- Has your claim been approved?
 - Yes
 - No
- Describe how your health has been effected as a result of this or previous incidents.

Section 8

Workplace Methods to Prevent Bullying

- Has your employer provided any professional development opportunities to raise the awareness of staff about workplace bullying
 - Yes
 - No

- Is there a prevention of workplace bullying policy?
 - Yes
 - No

Were staff employees consulted about the development and implementation of the policy?

- Yes
- No

- Does the workplace have procedures for reporting and investigating bullying incidents?
 - Yes
 - No

- Does the workplace have procedures for the resolution of bullying incidents?
 - Yes
 - No

- Were employees consulted about the development and implementation of procedures for the reporting, investigation and resolution of bullying incidents?
 - Yes
 - No