

PRO FORMA – FORMAL COMPLAINT FORM

Fairness at Work

Formal Complaint in respect of alleged discrimination, bullying or harassment

(Policy Section 4 + Appendix G)

Section 1: Member of Staff Personal Details

Full Name		Position / Job Title	
Staff Group (T&C)		Gender	M / F*
Department		Section	
Manager		Senior Manager	
Name of Person TO WHOM complaint is made			
Name of Person AGAINST WHOM complaint is made			
Name of trade union representative or workplace colleague who will accompany you to meetings (if known)			

Section 2: Details/ Nature of formal complaint (Use additional sheets if necessary)

Detail of formal complaint	
Witness(es) Name(s) and contact numbers	
List any steps taken to try to resolve the issue e.g. asked the person to stop, mediation, facilitated meeting etc. and dates when these occurred	
Where a meeting is arranged, my expectations of the meeting are...	
Date:	Signature of complainant:

Personal Statement and Commitment

I am raising this issue in good faith and with the intention of seeking a positive resolution for the situation that I am encountering. I have read the Fairness at Work Policy and understand the implications of the choice I am making.

Send this form to your Line Manager or to the Designated Manager (**Policy Section 4**)

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Name of Member of Staff: _____

Section 3: Acknowledgement of Receipt

To be completed, signed and returned by the Designated Manager **within 5 working days** of receiving completed complaint Pro Forma

Full Name of Person making the complaint		
Name of Person to whom complaint was made		
Date Pro Forma was received		
<p>Dear</p> <p>This to acknowledge receipt of your complaint Pro Forma dated.....</p> <p>I will write to you again in due course in order to progress the matter.</p> <p>In the meantime should you wish to access confidential support and advice, details are provided in Appendix H of the Fairness at Work Policy attached.</p> <p>Yours sincerely</p>		
Signature:	Date	
Print name and contact details of person acknowledging complaint in this space		
Investigating Officer agreed TOR and sent letters to Complainant and Respondent – See Model letter at Section 11 .	Date	

Section 4: Formal Complaints and Investigations (Appendix G)

- Investigations to be completed within **4-6 weeks or sooner (Appendix G7)**
- Designated Manager to advise parties to investigation re action to be taken, if any, within **10 working days** of receipt of investigation report **(Appendix G11.iii)**

Referral for investigation	Date	
Referred to whom		
Suspension or temporary transfer – if considered necessary give details		
Outcome of investigation	Date investigating report submitted to Designated Manager	Date
Designated Manager to write advising relevant parties re action to be taken, if any, eg hearing arrangements, if matter to proceed to a hearing	Date	Time
Names of hearing panel		Location
Outcome of hearing		
<i>Please attach transcripts/ notes of meetings and discussions</i>		

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Name of Member of Staff: _____

Section 5: To be completed by the individual raising the Complaint

This complaint has/has not* been resolved to my satisfaction and I wish/do not wish* to proceed to the next Stage.

The reasons I am not satisfied are:

Signature

Date

Section 6: To be completed by the Designated Manager		
File forwarded to Complaint dealt with*/ Complaint unresolved to satisfaction of complainant*		
Signature	Date	
Section 7: To be completed by the Individual if an Appeal is being made in terms of FAW Policy		
To be completed within 5 working days of notification of decision by Designated Manager (Appendix G 12i)		
I wish to appeal against the decision made by the Designated Manager not to uphold my complaint.		
Signature	Date	
Section 8: To be completed by the Chair of the Appeal Panel following notification of Appeal		
To be heard within 5 working days of written notification and decision notified as soon as possible after the hearing (Appendix G12)		
I/we* have taken account of the attached papers; following an interview with the complainant my/our* decision, which is final, is:		
Signature	Date	
Section 9: To be completed by the Individual making the Complaint (Appendix G12)		
I have noted the decision of the Appeal Panel and understand this is the final stage of the FAW Procedure.		
Signature	Date	
Section 10: Completion		
Outcome notified to Designated Manager/HRA	Date	
Signature	Date	
<i>Once complete please send in confidence to your OHR Business Partner for retention as appropriate</i>		
Additional Notes:		* Delete as appropriate

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Name of Member of Staff: _____