



**SACRED HEART PRIMARY SCHOOL HIGHGATE  
HARASSMENT COMPLAINT SUMMARY RECORD SHEET**

**CONTACT OFFICER  
SUMMARY RECORD CONFIDENTIAL**

Harassment Contact/Grievance Officer:  
(Please indicate whether you are a Contact or Grievance Officer by circling the correct title, & give your name)

Your location: \_\_\_\_\_ Phone No: \_\_\_\_\_

Date of this contact: \_\_\_\_\_

Please indicate whether this is a new case or an existing one:      New          Existing:   

**Principal use only:**

Contact reference number: \_\_\_\_\_ Date received: \_\_\_\_\_

**Type/nature of the grievance (your assessment – please tick the most suitable box)**

Sex	<input type="checkbox"/>	Gender History	<input type="checkbox"/>
Race	<input type="checkbox"/>	Sexual Orientation	<input type="checkbox"/>
Political conviction	<input type="checkbox"/>	Age	<input type="checkbox"/>
Religious conviction	<input type="checkbox"/>	Family responsibilities	<input type="checkbox"/>
Marital status	<input type="checkbox"/>	Spent convictions	<input type="checkbox"/>
Pregnancy	<input type="checkbox"/>	Family status	<input type="checkbox"/>
Impairment	<input type="checkbox"/>	Sexual harassment	<input type="checkbox"/>
Victimisation	<input type="checkbox"/>	Racial harassment	<input type="checkbox"/>
General inquiry/seeking information	<input type="checkbox"/>	Bullying/Workplace Harassment	<input type="checkbox"/>
Other (please specify)			

**Is not an equal opportunity matter (harassment or discrimination), but appears to be:**

Management/Supervisory	<input type="checkbox"/>
Industrial	<input type="checkbox"/>
Employee Relations	<input type="checkbox"/>
Work-related grievance	<input type="checkbox"/>
Selection process	<input type="checkbox"/>
Work performance	<input type="checkbox"/>
Other:	
Brief details of contact: .....	
.....	
.....	

Summary of action taken: .....  
.....  
.....

**Grievance with: (please tick the most appropriate box)**

- |                          |                          |                                  |                          |
|--------------------------|--------------------------|----------------------------------|--------------------------|
| Co-worker(s)             | <input type="checkbox"/> | Other line manager/senior office | <input type="checkbox"/> |
| Complaint's Line Manager | <input type="checkbox"/> | Other (please specify)           | <input type="checkbox"/> |

**Complainant's choice of action:: (please tick the most appropriate box)**

- |  |                          |   |                          |
|--|--------------------------|---|--------------------------|
| No action                              | <input type="checkbox"/> | Progress to formal resolution procedures    | <input type="checkbox"/> |
| Speak /write to alleged harasser       | <input type="checkbox"/> | Speak/write to Equal Opportunity Commission | <input type="checkbox"/> |
| Approach line manager/supervisor       | <input type="checkbox"/> | Approach Union                              | <input type="checkbox"/> |
| Seek assistance from Grievance Officer | <input type="checkbox"/> | Unknown                                     | <input type="checkbox"/> |
| Request CEO assistance                 | <input type="checkbox"/> |   |                          |

**Outcome: (please tick the most appropriate box)**

- |                         |                          |                                  |                          |
|-------------------------|--------------------------|----------------------------------|--------------------------|
| Action ongoing          | <input type="checkbox"/> | Referred to External conciliator | <input type="checkbox"/> |
| Satisfactorily resolved | <input type="checkbox"/> | Resigned                         | <input type="checkbox"/> |
| Not resolved            | <input type="checkbox"/> | Changed locations                | <input type="checkbox"/> |

Comments

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Date resolved (if known)-----

**Location where incident/s occurred: (please tick the most appropriate box)**

- |                         |                          |                          |                          |
|-------------------------|--------------------------|--------------------------|--------------------------|
| Administration Building | <input type="checkbox"/> | Sport/Leisure Facilities | <input type="checkbox"/> |
| Libraries               | <input type="checkbox"/> | Other                    | <input type="checkbox"/> |
| Classroom               | <input type="checkbox"/> |                          |                          |
| Grounds                 | <input type="checkbox"/> |                          |                          |
| Staff Room              | <input type="checkbox"/> |                          | <input type="checkbox"/> |

**Follow up action/monitoring (Seek permission from complainant for follow-up contact)**

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**Appropriate amount of time spent on case:**

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**Time elapsed between initial contact and resolution:**

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**Please return this form, in sealed envelope marked "Private and Confidential" to:**

**The Principal**



**SACRED HEART PRIMARY SCHOOL HIGHGATE  
HARASSMENT OF STAFF IN SCHOOLS**

**WRITTEN RECORD FOR FORMAL INVESTIGATION  
(WITNESS REMARKS)**

Witness Name	
Remarks:	
<b>Name (in full), title and Signature of designated Officer recording the witness remarks</b>	
If more witnesses please attach another sheet of paper and record	

**INFORM WITNESSES OF THE NEED FOR STRICT CONFIDENTIALITY**



**SACRED HEART PRIMARY SCHOOL HIGHGATE  
HARASSMENT OF STAFF IN SCHOOLS  
WRITTEN RECORD FOR FORMAL INVESTIGATION  
(ALLEGATION)**

<b>Date</b>	
Name of person (or persons) alleged to have discriminated/harassed the complaint	
Details of the specific incident and any related incidents, including the date and place incidents are alleged to have taken place.	
The names of any staff members or other witnesses who witnessed the alleged event or related events.	
Options that might assist resolve the issue. <i>(options, however, should not be actively solicited)</i>	
Name (in full), title and signature of designated officer recording the allegation.	
Signature of person registering the allegation.	Please read the above carefully. Does it describe your complaint fully?
Outcome	
Action/s	
If space not sufficient please attach another sheet of paper for record	

**INFORM THE PERSON REGISTERING THE ALLEGATION OF THE NEED FOR STRICT CONFIDENTIALITY**



**SACRED HEART PRIMARY SCHOOL HIGHGATE  
HARASSMENT OF STAFF IN SCHOOLS**

**WRITTEN RECORD FOR FORMAL INVESTIGATION  
(RESPONSE)**

The following issues should be dealt with in the discussion:

1. Explanation of the nature of the allegation
2. A definition of what constitutes discrimination or harassment

<b>Date</b>	
Name of person responding to the allegation	
Their response to the allegations. Details of the specific incident and any related incidents, including the date and place incidents are alleged to have taken place.	
The names of any staff members or other witnesses who witnessed the alleged event or related events.	
Options that might assist resolve the issue. <i>(options, however, should not be actively solicited)</i>	
Do you have any further response?	
Name (in full), title and signature of designated officer recording the allegation.	
Signature of person registering the allegation.	Please read the above carefully. Does it describe your response fully?
Outcome	
Action/s	
If space not sufficient please attach another sheet of paper for record	

**INFORM THE PERSON RESPONDING TO THE ALLEGATION OF THE NEED  
FOR STRICT CONFIDENTIALITY**



**SACRED HEART PRIMARY SCHOOL**

**AGREEMENT**

**Between**

**(Complainant)**

**and**

**(Respondent)**



**SACRED HEART PRIMARY SCHOOL HIGHGATE  
HARASSMENT OF STAFF IN SCHOOLS 2B4**

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Complainant

Date

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Respondent

Date

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Harassment Contact Officer

Date

Complainant's (complaint or allegation).....  
(ground of discrimination).....  
which is contrary to CECWA Policy 'Harassment of Staff in Schools' 2B4, is resolved by:

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Neither party will disclose the details of this complaint or settlement unless otherwise required to do so by law.