September 2024

Reporting harmful workplace behaviour.

# Reporting form

Harmful workplace behaviour is a risk to health and safety. These behaviours can cause both psychological and physical harm.

Complete this form if you have experienced harmful workplace behaviours and send it to the Resources Regulator if:

* you work in a mining workplace
* what happened to you meets the definition of harmful workplace behaviours including: bullying, inappropriate conduct, sexual harassment, workplace violence and sexual assault, and
* you have reported it to your workplace and there has been no action, or you believe the action taken was inappropriate or unreasonable, 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 See the [Fact sheet investigation of psychosocial hazards.](https://www.resourcesregulator.nsw.gov.au/sites/default/files/2024-08/fact-sheet-investigation-of-psychosocial-hazards.pdf)
* taking no further action.

Personal details

The details of the person raising the issue with the Resources Regulator.

|  |  |
| --- | --- |
| Personal details | |
| First name |  |
| Last name |  |
| Salutation |  |
| Home address |  |
| Postal address |  |
| Email address |  |
| Home telephone |  |
| Mobile |  |
| Are you the person who experienced the harmful behaviour/s? | Yes  No |
| If NO, please supply the name and contact details of the person who experienced the harmful behaviours | |
| First name |  |
| Last name |  |
| Home telephone |  |
| Mobile |  |
| Do you have the consent of this person to raise this issue with the Resources Regulator? | Yes  No |

Consent

|  |  |
| --- | --- |
| Consent | |
| Do you consent to the Resources Regulator raising this issue of alleged harmful behaviour 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 Resources 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 |

Before completing the form please read and comply with the following conditions:

* I have checked that what is occurring is a psychosocial hazard/harmful workplace behaviour in the [The codes of practice/managing psychosocial hazards at work](https://www.safework.nsw.gov.au/resource-library/list-of-all-codes-of-practice/codes-of-practice/managing-psychosocial-hazards-at-work) (refer to Table 1 on page 7).﻿
* I accept the Resources Regulator’s [Fact sheet Investigating psychosocial hazards](https://www.resourcesregulator.nsw.gov.au/sites/default/files/2024-08/fact-sheet-investigation-of-psychosocial-hazards.pdf), is what the Resources Regulator expects from me and what the Resources Regulator can and cannot do when I raise a psychosocial or personal violence hazard with them.

I agree with the above conditions:  Yes  No

Workplace details (where the alleged behaviours occurred)

|  |  |
| --- | --- |
| Workplace details | |
| Business name |  |
| Workplace address |  |
| What industry is the business in? |  |
| Where did the alleged harmful behaviours occur? |  |

Details of the alleged harmful behaviours

|  |  |
| --- | --- |
| Incident details | |
| Who did the alleged harmful behaviours? Provide name and positions of all people. |  |

Provide information about the alleged harmful behaviours (please refer to the fact sheet for definitions). Listed below are some examples of harmful behaviours. Tick any of these that are relevant to you and add some detail. If you require more space to detail the event please add this at the end of the form.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Tick | Possible behaviour | Name of witness (if any) | Date(s) it occurred | Is it in writing? |
|  | Bullying and harassment |  |  |  |
|  | Sexual harassment |  |  |  |
|  | Workplace violence |  |  |  |
|  | Workplace sexual assault |  |  |  |
|  | Abusive, insulting or offensive language or comments |  |  |  |
|  | Other: |  |  |  |
| Please provide details: | | | | |

Details of workplace prevention and response

|  |  |
| --- | --- |
| Workplace prevention and response | |
| What is your relationship to the workplace where the alleged bullying occurred (tick all that apply) | Current Worker  Ex-worker  Health and safety representative  Member of the public  Union member  Other (please provide details) |

Declaration

|  |  |
| --- | --- |
| Declaration | |
| Does the workplace have a policy or procedure on psychosocial hazards, sexual harassment or assualt? | 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

|  |  |
| --- | --- |
| Details | |
| Have any other organisations been involved in resolving this? | Yes  No |
| If yes, which one(s)? | 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 Resources Regulator

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

Submitting the form

Email this form to [cau@regional.nsw.gov.au](mailto:cau@regional.nsw.gov.au) (or other email address as applicable)

Mail: Central Assessment Unit,

Resources Regulator, PO Box 344, HRMC, 2310.

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