

WORKSAFE ACT PSYCHOSOCIAL COMPLAINT FORM

Section 1: Purpose of this form

This form is used to report unresolved psychosocial hazards that may cause psychological harm (whether or not it may also cause physical harm).

WorkSafe ACT's role is to ensure that the employer and employees meet their obligations under the *Work Health and Safety Act 2011* (ACT) (the Act).

WorkSafe ACT does not:

- advocate for an individual
- become involved in the details of a workplace conflict
- provide legal advice
- mediate between persons involved
- secure an apology
- have a role in a workers' compensation claim, or
- remove an alleged bully from a workplace.

For more information on how WorkSafe ACT may assist please visit our [assistance page](#) available on our website.

Before you begin

If your workplace has not been made aware of or had an opportunity to respond to the hazards and risks you are concerned about, this may limit the action WorkSafe ACT can take. Your workplace may have formal reporting processes available for use, otherwise you may wish to raise your concerns with a manager, a supervisor, a health and safety representative, or a worker representative. You should try your internal reporting process first before completing this form.

Processes to look for at your workplace include:

- Workplace behaviour/harassment policy or procedure
- Incident/hazard reporting policy or procedure
- Workplace grievance policy/issue resolution procedure

Response

Once you submit your form, you will be contacted by a WorkSafe ACT representative within 3 business days to discuss your complaint.

WorkSafe ACT assess complaints based on indicated risk in conjunction with operational requirements. To allow WorkSafe ACT to assess your case as best we can please provide accurate and factual information, with as much evidence as possible when completing this form.

WorkSafe ACT will assess what action to take in response to this complaint based on the information that is provided. Action may include a phone call, letter, or visit to the workplace.

Your complaint will be managed in accordance with [WorkSafe ACT's Service Charter](#) available on our website.

Privacy

The Act authorises WorkSafe ACT to collect the personal information required by this form. WorkSafe ACT is bound to prevent any unreasonable intrusion into a person's privacy in accordance with the *Information Privacy Act 2014*.

The Privacy Policy can be found at <https://www.worksafe.act.gov.au/privacy>.

Your confidentiality is important. We will only use your contact details to respond to you and will not share these details with anyone else without gaining your consent.

The action taken by WorkSafe ACT will depend on whether you have given approval for the issue to be raised with the person/s conducting the business or undertaking to which your complaint relates.

WorkSafe ACT Inspectors are required to be transparent with duty holders and other workplace parties about why a workplace inspection is occurring. Unless consent is provided WorkSafe ACT will not disclose your identity and/or specific information that may identify you as making a complaint. However, depending on the nature of the complaint and other factors such as the size of the business, it is possible that parties may make assumptions from the enquiries made by the inspector that you have raised a complaint with WorkSafe ACT.

WorkSafe ACT may provide identifiable information to law enforcement organisations and authorised organisations that have legal authority to request information under prescribed circumstances.

Instructions for Completion

- This form can be completed by hand or electronically.
- Please complete all sections of the form. Please indicate if information requested on this form is not applicable (N/A) or not known (NK).
- Return completed forms by post, email or online as detailed above.

Mandatory fields

Mandatory fields to be completed on this form are indicated by questions with a red Asterix (*). These fields are required as they form important parts of the complaint assessment.

Before contacting WorkSafe ACT, check we are the right agency to contact.

Discrimination

Contact the [ACT Human Rights Commission](#) if you believe you are being discriminated against for reasons including, but not limited to:

- gender, transgender status
- pregnancy or breastfeeding
- race
- sexual preference
- disability
- age carer's responsibilities
- marital or domestic status

Health Services Complaints

Contact the [ACT Human Rights Commission](#) if you are a health consumer and the issue is about health services you have been provided in the ACT, including public and private hospitals, general practices and individual registered practitioners.

Unfair workplace relations

Contact the [Fair Work Ombudsman](#) if the issue is about:

- not being paid the right amount
- being forced to do things against your will
- being discriminated against
- not getting the right amount of leave or other conditions you're entitled to
- being threatened by your employer
- a sham contract.

Unfair dismissal and unlawful termination

Contact the [Fair Work Commission](#) if the issue is about unfair dismissal or unlawful termination.

If you believe you have been bullied at work, you may be eligible to apply to the [Fair Work Commission](#) for an order to stop the bullying.

Work-related violence or threats of violence

Contact the police and [report the incident to WorkSafe ACT](#).

Cyberbullying

You can find information about, and report, cyberbullying (online bullying) or image-based abuse on the [eSafety Commissioner website](#).

Completing this form

Step 1: Do you work or volunteer in the ACT *

☐

Yes

☐

No

(Do not complete this form)

Employees of the Federal Government and these [organisations](#) (self-insured licensees) will need to contact Comcare on 1300 366 979, (02) 6276 0333, or through their website. <https://www.comcare.gov.au/safe-healthy-work/notifications>.

For workers that work in NSW and other states, please contact the appropriate state workplace safety regulator.

- NSW - <https://www.safework.nsw.gov.au/>

Step 2: Is someone completing this form on your behalf

☐

Yes (Skip to step 3)

☐

No

Step 3: Provide written consent if you agree for the person to complete this form on your behalf.

Your written consent should be attached for the person completing this form to raise your issues with WorkSafe ACT. If consent is not provided this may limit the action WorkSafe ACT can take.

Step 4: Do you require special needs services or other assistance to communicate with WorkSafe ACT, for example, the National Relay Service if you are hearing or speech impaired or an interpreter if English is a second language.

☐

Yes

☐

No

(Skip to step 5)

If yes, please advise of the service required.

Your Name

Title: _____ Given Name: _____ Family Name: _____

Contact Details (one required)

Email: _____

Work phone: _____

Phone: _____

If you need help to complete the rest of this form please submit now and you will be contacted by a WorkSafe ACT representative who can help you. Alternatively you can call WorkSafe ACT on 13 22 81

Section 2: Tell us about you

You can choose to raise a complaint anonymously. However, this would mean it will not be possible to seek further information from you or provide you with feedback or information in relation to the complaint. If you tell us your name and contact details, we'll never share them with anyone else without your consent.

Step 5: Anonymity

☐ I wish to remain anonymous (Skip to step 8)

Step 6: Name

Title: _____ Given Name: _____ Family Name: _____

Step 7: Contact Details (one required)

Email: _____

Work phone: _____

Phone: _____

Step 8: Position at Workplace _____

☐ Prefer not to answer

Step 9: Are you

- | | | |
|--|---|---|
| <input type="checkbox"/> An apprentice | <input type="checkbox"/> New to the workplace | <input type="checkbox"/> An older worker (65 & over) |
| <input type="checkbox"/> Speaking English as second language | <input type="checkbox"/> | <input type="checkbox"/> A young worker (up to 25yrs) |
| <input type="checkbox"/> None of the above | | |
| <input type="checkbox"/> Prefer not to answer | | |

Step 10: Status

- | | | | |
|---|------------------------------------|---------------------------------|------------------------------------|
| <input type="checkbox"/> Full time | <input type="checkbox"/> Part time | <input type="checkbox"/> Casual | <input type="checkbox"/> Volunteer |
| <input type="checkbox"/> Prefer not to answer | | | |

Step 11: Do you still work at the workplace your issue/concern is about

☐ Yes ☐ No ☐ Prefer not to answer

Section 3: Tell us about the workplace

Step 12: Workplace Name

Legal Name _____ Trading Name _____

Name of person in control of workplace: _____
(e.g., owner, general manager)

Step 13: Business Address

Shop Number Building _____ Street Number _____ Street* _____
Street Type* _____ Suburb/Locality* _____ State _____
Workplace Contact Number _____ Email address _____

Step 14: Main Business Activity

_____ (e.g., construction, clothing retail, food and beverage, fruit and vegetable)

Step 15: Details of location in the workplace where the issue/concern occurred

(Note: Please provide the ACT Address where issues were identified)

Same as Business Address answered above: ☐ Or,

Shop Number Building _____ Street Number _____ Street _____
Street Type _____ Suburb/Locality _____ State _____

Description of area: _____
(e.g., storeroom, warehouse, kitchen, timber yard loading dock)

Section 4: Information about the psychosocial incidents and hazards

For more information on psychosocial hazards please see the information on our Psychosocial Hazards page available on our website.

Step 16: What are you most concerned about (select no more than 4 across all boxes)

<input type="checkbox"/>	Job demands High or low physical, mental or emotional demands.	<input type="checkbox"/>	Inadequate reward and recognition Effort/reward imbalance, insufficient feedback or recognition, limited opportunities for development.	<input type="checkbox"/>	Conflict or poor workplace relationships and interactions
<input type="checkbox"/>	Low job control Having little control or say over the work or aspects of the work, including how or when the job is done.	<input type="checkbox"/>	Poor organisational justice Inconsistent, unfair or discriminatory decisions including poor procedural justice.	<input type="checkbox"/>	Bullying and harassment
<input type="checkbox"/>	Poor support Poor practical assistance and emotional support from supervisors, managers or co-workers.	<input type="checkbox"/>	Traumatic events or material Witnessing, investigating or being exposed to traumatic events or material.	<input type="checkbox"/>	Violence and aggression
<input type="checkbox"/>	Lack of role clarity Uncertainty or frequent changes to work activity, responsibilities, and expectations.	<input type="checkbox"/>	Remote or isolated work Work that is isolated from the assistance of other persons because of the location, time or nature of the work.	<input type="checkbox"/>	Sexual harassment and sexual assault
<input type="checkbox"/>	Poor organisational change management Organisational change management that is poorly planned, communicated, supported or managed.	<input type="checkbox"/>	Poor physical environment Unpleasant, poor quality or hazardous working environments or conditions.		

Evidence

WorkSafe ACT is obliged to handle information provided to us openly, transparently and in accordance with the Territory Privacy Principles set out in the *Information Privacy Act 2014*. Please carefully consider the information you wish to provide to us to ensure it is not personal or sensitive information about another person.

Personal information includes information or an opinion about an identified individual, or an individual who is reasonably identifiable.

Sensitive information includes personal information about the individuals racial or ethnic origin, political opinions, membership of a political association, religious beliefs or affiliations, philosophical beliefs, membership of a professional or trade association, membership of a trade union, sexual orientation or practices, criminal record, genetic information or biometric information (for certain purposes).

Please ensure that information provided includes specifics such as dates, times, places, persons involved, and your account of what happened.

Step 17: Provide facts and supporting evidence about the issue/hazard *

Step 18: Have you raised the issue/hazard with your workplace *

If Yes,
what was the outcome?
(Be sure to provide details
such as the person reported
to and their position)

If No,
why have internal systems
not been used

Step 19: What do you believe needs to be done to manage the risks

Step 20: Have you contacted any other agencies about the issue/concern e.g., unions, Fair Work Commission, Human Rights Commission

☐ Yes ☐ No

If yes, please advise who you contacted.

Step 21: Do you consent for WorkSafe ACT to provide your name and information to the workplace to assist with our enquiries *

Depending on the nature of the complaint and other factors such as the size of the business it is possible that parties may make assumptions from the enquiries made by the inspector that you have raised an issue with WorkSafe ACT.

- ☐ Yes, you can disclose my name and information relating to my concerns/issues.
- ☐ No, don't disclose my name or information that may identify me as the complainant.

**Once you have filled out this form, please save and email to
worksafe@worksafe.act.gov.au**

If you would like to start the form again, you can clear all fields in the form by clicking the below Clear Form Button. Note: By doing this you will lose all entered information.