

Dealing with Harassment and Bullying Monitoring Form

Strictly Confidential

Some of the information contained on this form is classified as 'sensitive' under the Data Protection Act, and will be treated accordingly.

Person completing this form

Name: _____ Job title: _____
School/department: _____

The complainant

Name: _____ Job title: _____
Department: _____

Sex: Male: Female: Disabled? Yes: No:

Ethnicity: Use the following classifications:
White: British, Irish, any other white background (please state).
Black or black British: Caribbean, African, any other black background (please state).
Asian or Asian British: Indian, Pakistani, Bangladeshi, any other Asian background (please state).
Mixed: White and Black Caribbean, White and Black African, White and Asian, any other Mixed background (please state).
Other Ethnic Groups: Chinese, Orthodox Jew, Greek/Greek Cypriot, Turkish/Turkish Cypriot, any other ethnic background (please state).

Age: 16 to 24: 25 to 49: 50+:

The complaint

Date initiated: _____ Complaint initiated at: Informal stage 1: Stage 2:

Type of bullying or harassment: Racial: Gender: Disability: Age: Religion/belief:
Sexual orientation: Other: please specify: _____

Details/notes: _____

The alleged perpetrator

Name:	Job title:
Department:	
Sex: Male: <input type="checkbox"/> Female: <input type="checkbox"/>	Disabled? Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Ethnicity:	Use the following classifications: White: British, Irish, any other white background (please state). Black or black British: Caribbean, African, any other black background (please state). Asian or Asian British: Indian, Pakistani, Bangladeshi, any other Asian background (please state). Mixed: White and Black Caribbean, White and Black African, White and Asian, any other Mixed background (please state). Other Ethnic Groups: Chinese, Orthodox Jew, Greek/Greek Cypriot, Turkish/Turkish Cypriot, any other ethnic background (please state).
Age: 16 to 24: <input type="checkbox"/> 25 to 49: <input type="checkbox"/> 50+: <input type="checkbox"/>	
Working relationship between the parties: Manager*/Staff: <input type="checkbox"/> Staff*/Manager: <input type="checkbox"/> Colleagues in the same department: <input type="checkbox"/>	Colleagues in a different department: <input type="checkbox"/> Other: <input type="checkbox"/> please specify:

Complaint resolution

Complaint resolved at: Informal stage 1: <input type="checkbox"/> Stage 2: <input type="checkbox"/>
Complaint referred to:

Outcome of complaint

Has complainant remained in same job? Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
COMPLAINT UPHELD: <input type="checkbox"/>	COMPLAINT NOT UPHELD: <input type="checkbox"/>
Disciplinary hearing: Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Reason:
Outcome: No action: <input type="checkbox"/> Verbal warning: <input type="checkbox"/> Written warning: <input type="checkbox"/> Final written warning: <input type="checkbox"/> Transfer of perpetrator: <input type="checkbox"/> Dismissal without notice: <input type="checkbox"/> Dismissal with notice: <input type="checkbox"/> Action other than a disciplinary sanction (specify below): <input type="checkbox"/>	

Signed:	Date:
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A copy should be sent to Hackney Learning Trust, Equalities Officer, for the purposes of monitoring, as required by the Race Relations (Amendment) Act.