

SafeWork SA Psychological Risk Complaint Form

Work Health and Safety Act 2012

SafeWork SA will prioritise all psychological risk complaints according to the risk to the health and safety of people in the workplace. SafeWork SA will only be able to act on complaints if there is evidence to substantiate any of the allegations. If a person is experiencing a distressing work situation but there is no other evidence, it is likely to be insufficient to substantiate the allegations.

It is SafeWork SA's role to ensure that the employer and employees meet their obligations under the Work Health and Safety Act 2012 (SA). It is not the role of SafeWork SA to advocate for an individual, to become involved in the details of a workplace conflict, to provide legal advice, to mediate between persons involved, secure an apology, compensation, or removal of an alleged bully from the workplace.

Complainant Details

Surname:	<input type="text"/>	First Name:	<input type="text"/>		
Street Address:	<input type="text"/>				
Suburb:	<input type="text"/>	State:	<input type="text"/>	Post Code:	<input type="text"/>
Phone Number:	<input type="text"/>	Mobile:	<input type="text"/>		
Date of Birth:	<input type="text"/>	Email:	<input type="text"/>		

Are you: (select)	Apprentice	Young worker (under 26)
	New to workplace	Older worker (over 65)
	A person with English as a second language	

Status:	Full Time	Part Time	Casual		
Are you still at the workplace?	Yes	No	If no, date last attended:		
Has a ReturnToWorkSA claim been lodged?	Yes	No	Has the claim been accepted?	Yes	No
Have you accessed any support (e.g. EAP, GP)	Yes	No			

Person Conducting a Business or Undertaking (PCBU) Details

Business Name:	<input type="text"/>	Trading as:	<input type="text"/>
Street Address:	<input type="text"/>		
Suburb:	<input type="text"/>	Post Code:	<input type="text"/>
ABN (as per payslip):	<input type="text"/>		
Contact Person:	<input type="text"/>	Phone No:	<input type="text"/>
Employer's Industry:	<input type="text"/>		

Complaint Details

Does the workplace have any of the following?

Workplace behaviour/harassment policy	Yes	No
Incident/hazard reporting procedures	Yes	No
Workplace grievance policy/procedure	Yes	No
An elected Health and Safety Representative	Yes	No

Provide the specific details of your allegations (Provide additional sheets if required)
Include details of persons involved, dates, times, and location where the incident(s) occurred.

What is the nature of the behaviour concerning you?

Abusive, insulting, offensive, belittling, or humiliating language/comments, unjustified criticism or complaints

Deliberately excluding someone from work-related activities

Changing work arrangements such as rosters or leave, to deliberately cause inconvenience

Aggressive and intimidating conduct

Spreading misinformation or malicious rumours.

Practical jokes or initiation

Unreasonable job demands

Denying access to information, supervision, consultation or resources to the detriment of the worker

Unreasonable lack of job control or lack of role clarity

Ongoing and insufficient organisational justice or support

Changes to the workplace without sufficient consultation or warning

Other:

Have you reported this to the workplace?

Yes

No

If yes, when did you report the matter?

Person reported to:

Position:

What was the outcome? **Provide additional sheets if required.**

Any witnesses?

Yes

No

Name/Position:

1.

2.

3.

DECLARATION

I understand that SafeWork SA will be unable to effectively make reasonable enquiries into the allegations that are specific to my individual concerns if I remain anonymous.

By signing below, I confirm that I understand that SafeWork SA will be providing my details, and details of my complaint **to my employer.**

Name:

Date:

Provide the completed psychological risk complaint form and **copies of all supporting evidence:**

In Person

By Post

SafeWork SA
Level 4, 33 Richmond Road
KESWICK SA 5035

SafeWork SA
GPO Box 465
ADELAIDE SA 5001

Or Email: DTFSWSAInspectorate@sa.gov.au

- Ensure you have answered all questions on this complaint form.
- SafeWork SA will review the information provided in this form and you will be contacted by an Inspector to discuss your allegations.

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