**Appendix 2 Dignity & Respect at Work**

# Formal Complaint Form

* This form is to be completed in line with the TU Dublin Dignity & Respect at Work policy and procedures.
* If your complaint is against more than one person, please fill out a separate form for each person.
* Please submit this completed form to the Senior HR Manager on your campus

**1. Complainant Details *(The person making the complaint)***

|  |  |  |
| --- | --- | --- |
| Name: |  | Position: |
| Staff Number (*If applicable*): |  | School/ Function |
| Email: |  | Telephone: |

**2. Respondent Details *(The person whom the complaint is against)***

Name and Work Location:

**3. Nature of the Complaint *(Tick one or more as appropriate)***

|  |  |  |
| --- | --- | --- |
| 1) Bullying: ☐ | 2) Sexual Harassment: ☐ | 3) Harassment ☐ |

**4. Personal Statement**

Please complete the following table with as much detail as possible of the complaint.

|  |  |
| --- | --- |
| **1. Incident 1** |  |
| *Note: 2-5 must be completed for each incident.* |
| **2. Locations, dates and times:** |  |
| **3. Factual description of specific incident(s)including direct quotes, if they can be recalled:** |  |

|  |  |
| --- | --- |
| **4. Names of Witnesses:** |  |
| **5. List of supporting documentation, physical evidence, if any:** |  |

|  |  |
| --- | --- |
| **1. Incident 2** |  |
| *Note: 2-5 must be completed for each incident.* |
| **2. Locations, dates and times:** |  |
| **3. Factual description of specific incident(s)including direct quotes, if they can be recalled:** |  |
| **4. Names of Witnesses:** |  |
| **5. List of supporting documentation, physical evidence, if any:** |  |

|  |  |
| --- | --- |
| Signed: | Date: |

Complainant

**For Human Resources Use Only**

|  |  |
| --- | --- |
| Date Received: |  |
| Signed |  |

Senior HR Manager

# Appeal Form

## Appendix 3 Dignity & Respect at Work

* This form is to be completed in line with the TU Dublin Dignity & Respect at Work policy and procedures.
* Please submit this completed Appeal Application Form to the Senior HR Manager on your campus

**Appeallant Details**

|  |  |  |
| --- | --- | --- |
| Name: |  | Position: |
| Staff Number (*If applicable*): |  | School/ Function: |
| Email: |  | Telephone: |

**Specific Grounds for Appeal**

Please complete the following table with specific details of the grounds for appeal.

|  |  |
| --- | --- |
| **Specific procedural ground(s) for Appeal** |  |
| **Other reason(s) for why the Appeal was unfair** |  |

|  |  |
| --- | --- |
| Signed: | Date: |

Appeallant

**For Human Resources Use Only**

|  |  |
| --- | --- |
| Date Received: |  |
| Signed: |  |

Senior HR Manager