

## HARASSMENT/BULLYING MONITORING FORM

The information will be used to identify trends, patterns and will enable the University to identify areas in which resource should be allocated

Data will be anonymised for any reporting purposes.

### **A. Details of Complaint:**

Name of Complainant (optional): .....

Department/Section of complainant (optional) .....

When was the complaint made? Date: .....

When did the harassment/bullying occur? Date: .....

Was the complaint made after one or more incidents of harassment/bullying?

One                       More                       Not known

How was the complaint referred to you?

Self referral               Referral by staff member       Other – please specify

Was the complaint a follow up to an earlier contact made by the complainant which involves the same alleged harasser?       Yes - Same alleged harasser

### **B: Details of complainant (if known):**

Female       Staff       Academic Staff  
 Male                       Support Staff  
    Student  
    Other – please specify

### **C: Details of alleged harasser (if known):**

Female       Staff       Academic Staff  
 Male                       Support Staff  
    Student  
    Other – please specify

### **D: Context of harassment:**

Work  
 Teaching/Studying  
 Accommodation  
 Social  
 Other – please specify

### **E. Where it took place:**

On campus  
 Off campus  
 Other – please specify

### **F. Type of harassment:**

Verbal  
 Physical  
 Electronic  
 Other – please specify

### **G: Was harassment related to:**

Age  
 Bullying  
 Disability  
 Personal  
 Racial  
 Sexual  
 Sexual Orientation  
 Religion/Belief  
 Other – please specify

### **H: Who have they been signposted to:**

Human Resources  
 Line Manager  
 Colleague  
 Personal Harassment Network  
 Union Member  
 Counsellor  
 Someone outside the University  
 Other – Please specify

### **I. Action Taken:**

None  
 Informal – by complainant  
 Formal – within university  
 Other – please specify

<b>J. Outcome</b> Complaint: <input type="checkbox"/> Resolved <input type="checkbox"/> Abandoned <input type="checkbox"/> Not known	Harassment stopped: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known
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Please supply any further details e.g. about the nature of the incident or the assistance received):  
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**Name:** ..... **Department:** .....  
**Signed:** ..... **Date:** .....

**Please return in confidence to the Equalities Advisor, Human Resources Department.**