Please read the information on 'Definitions' and 'Instructions' tabs. These tabs can be found at the foot of this spreadsheet

## **Bullying and Harassment Complaint Form (H1)**

This Form is for individuals to raise complaints in connection with their treatment at work, specifically in respect of harassment, bullying and victimisation (see tab 'Definitions' at foot of page).

Your details	
Title: Mr  Mrs  Miss  Ms  Dr  Ple	ease tick appropriate box)  Date:
First Name	Where would you like any correspondence to be sent?
Middle Initial(s)	
Last or Family Name	6
Pay Number / / Work Location & Postcode	Postcode Contact Telephone Number
Work Location & Postcode	Preferred time of day for telephone calls
	(between 9am and 5pm Mon-Fri)
Postcode	· · · · · · · · · · · · · · · · · · ·
About your complaint	
I wish to make a formal complaint - Please provide <u>brief details</u> of your complaint, for example, if appropriate, the dates and times of any specific incidents and details of the people involved, including anyone who may have witnessed the event(s). You can continue on an additional sheet of paper and enclose this when you send your form to the Freepost address to register your complaint.	
I have already tried to resolve this complaint informally (please	e tick appropriate box)
Important Information	
In order to help us find the right person to investigate your complaint, please give the following details Full Postal Address of where the incident happened?	
	Postcode
In most cases, the complainant's line manager will carry out the investigation. However, if there are circumstances which would prevent that manager dealing with the complaint please tick the box.	
I would prefer that my manager (Name:	) does not handle this complaint
My Manager is already dealing with this complaint Manager's Name:	
If you require a large print version of this form, please contact	the Disability Helpline at:

If you require a large print version of this form, please contact the Disability Helpline at: Disability Helpline, 4th Floor, HR Service Centre, Pond Street, SHEFFIELD, S98 6HR Telephone: 08000 286142 Fax: 0114 241 4534 Email: disability.helpline@royalmail.com Calls are welcome through RNID Typetalk and BT Text Direct

## See 'Instructions' tab for how to submit your complaint.

The information that you include on this document will be held by Royal Mail Group Ltd, in order to progress, monitor and report your particular complaint, and only where necessary will be shared with relevant external bodies.

## **Postal Address:**

FREEPOST, ER Case Management Team, 4th floor, HR Services Centre, Pond Street, SHEFFIELD, S98 6HR. e-mail Address:

HRSC Gateway@royalmail.com

Stores Item Code: P6225 Form updated Nov 2011