	FOR WHS - 003	**Version: 1:0**
	Confidential Incident Report	Issued:20/10/2016 Next Review: 20/10/2017

This form is to be completed when a worker has an issue that is causing concern or stress and wants the issue to remain confidential. Issues such as sexual harassment, workplace bullying and inappropriate behaviour, concern for another person or other issue that requires confidentiality. This form should NOT be emailed, but handed to the WHS Coordinator or other trusted person for action. This report remains confidential between the person reporting and the trusted person. Management must be notified of any cases of inappropriate behaviour	
Location of the Incident:	
Date:	Time:
This incident was: bullying harassment inappropriate behaviour other	
Details of the incident (what is happening) …… …… …… …… …… …… …… …… …… ……	
Do you feel in you are any immediate danger? Yes No	
Is the incident happening in your normal workplace? Yes No	
Have you discussed the issue with the person involved? Yes No	
Have you discussed the issue with your supervisor? Yes No	
Are other workers in your workplace subject to the same issues? Yes No Don't Know	
Were there any witnesses to the incident (s) Yes No	
Name of Witness 1	Phone:
Name of witness 2	Phone:
Name of the person completing this form: Your contact details:	
Date trusted person received this form:	