

Fair Treatment Contact Officers Statistical Record Form

This information is accessible to FTCOs only and is not intended to be distributed more broadly, aside from the templates which have been developed for convenience. FTCOs are asked to complete the FTCO Statistical Record Form for all contacts where they are asked to provide support.

Where you do not know or are unsure of the relevant answer please select *Unsure* or *Other*.

FTCO Details

FTCO Name: _____ FTCO ID#: _____ FTCO email: _____

How did the contact find out about the FTCO Network:

Contact found network through:

<input type="checkbox"/> GED	<input type="checkbox"/> Internet	<input type="checkbox"/> Friend/Family Member
<input type="checkbox"/> Supervisor (work)	<input type="checkbox"/> Noticed a Poster	<input type="checkbox"/> Unsure
<input type="checkbox"/> Lecturer/Academic Supervisor	<input type="checkbox"/> Colleague	<input type="checkbox"/> Other
<input type="checkbox"/> Another FTCO	<input type="checkbox"/> Previous Contact	If 'Other' _____

The contact is:

<input type="checkbox"/> Complainant	<input type="checkbox"/> Supervisor/Manager	<input type="checkbox"/> Other
<input type="checkbox"/> Respondent	<input type="checkbox"/> Unsure	If 'Other' _____

Complainant's Statistics

There are multiple complainants

Gender of complainant

<input type="checkbox"/> Female	<input type="checkbox"/> Mixed Gender - Multiple People
<input type="checkbox"/> Male	<input type="checkbox"/> Unsure
<input type="checkbox"/> Intersex/Diverse Gender	

Complainant's position at the University:

<input type="checkbox"/> Academic A-B	<input type="checkbox"/> Professional HEO 1-4	<input type="checkbox"/> Mixed Position - Multiple People
<input type="checkbox"/> Academic C-E	<input type="checkbox"/> Professional HEO 5-7	<input type="checkbox"/> Unsure
<input type="checkbox"/> Casual	<input type="checkbox"/> Professional HEO 8+	<input type="checkbox"/> Other
		If 'Other' _____

Complainant's Faculty/Division

<input type="checkbox"/> Division of Research and Innovation	<input type="checkbox"/> Faculty of Arts	<input type="checkbox"/> Mixed Faculty/Division - Multiple People
<input type="checkbox"/> Division of University Operations	<input type="checkbox"/> Faculty of Health & Medical Sciences	<input type="checkbox"/> Unsure
<input type="checkbox"/> Division of Vice Chancellor (Academic)	<input type="checkbox"/> Faculty of Professions	<input type="checkbox"/> Other
<input type="checkbox"/> Vice Chancellor and President	<input type="checkbox"/> Faculty of Sciences	If 'Other' _____

Total time with complainant hh:mm _____

Date of contact dd/mm/yyyy _____

Respondent's Statistics

Gender of Respondent:

<input type="checkbox"/> Female	<input type="checkbox"/> Mixed Gender - Multiple People
<input type="checkbox"/> Male	<input type="checkbox"/> Unsure
<input type="checkbox"/> Intersex/Diverse Gender	

Respondent's position at the University:

<input type="checkbox"/> Academic A-B	<input type="checkbox"/> Professional HEO 1-4	<input type="checkbox"/> Unsure
<input type="checkbox"/> Academic C-E	<input type="checkbox"/> Professional HEO 5-7	<input type="checkbox"/> Other
<input type="checkbox"/> Casual	<input type="checkbox"/> Professional HEO 8+	If 'Other' _____
	<input type="checkbox"/> Mixed Position - Multiple People	

Respondent's Faculty/Division

<input type="checkbox"/> Division of Research and Innovation	<input type="checkbox"/> Faculty of Arts	<input type="checkbox"/> Mixed Faculty/Division - Multiple People
<input type="checkbox"/> Division of University Operations	<input type="checkbox"/> Faculty of Health & Medical Sciences	<input type="checkbox"/> Unsure
<input type="checkbox"/> Division of Vice Chancellor (Academic)	<input type="checkbox"/> Faculty of Professions	<input type="checkbox"/> Other
<input type="checkbox"/> Vice Chancellor and President	<input type="checkbox"/> Faculty of Sciences	If 'Other' _____

The issue

Occurrences

The pattern of behaviour is best described as

Single Incident Repeated Incident Unsure

The first issue occurred

<input type="checkbox"/> Less than 2 weeks ago	<input type="checkbox"/> More than 6 months ago
<input type="checkbox"/> 2 to 4 weeks ago	<input type="checkbox"/> Unsure
<input type="checkbox"/> 1 to 6 months ago	

Description

The behaviour is best described as (you may tick more than one)

- Abusive, insulting or offensive language or comments, including victimising, humiliating, intimidating or threatening
- Unjustified criticism or complaints
- Continuously and deliberately excluding someone from workplace activities
- Withholding information that is vital for effective work performance
- Setting unreasonable timelines or constantly changing deadlines
- Denying access to information, supervision, consultation or resources such that it has a detriment to the worker
- Changing work arrangements, such as rosters and leave, to deliberately inconvenience a particular worker or workers
- Excessive scrutiny at work
- Unwanted behaviour of a sexual nature – ie touching, sexual references, jokes
- Denied opportunities for promotion
- Not provided with reasonable accommodations (FWA, access to premises etc)
- Unsure
- Other
- If 'Other' _____

The issue occurred because of:

<input type="checkbox"/> Age <input type="checkbox"/> Breastfeeding <input type="checkbox"/> Bullying <input type="checkbox"/> Caring Responsibilities <input type="checkbox"/> Criminal Record <input type="checkbox"/> Disability <input type="checkbox"/> Gender <input type="checkbox"/> Identity of Spouse	<input type="checkbox"/> Religion <input type="checkbox"/> Marital Status <input type="checkbox"/> Political Belief <input type="checkbox"/> Pregnancy <input type="checkbox"/> Procedural Fairness (Principles of natural justice were not applied) <input type="checkbox"/> Race/Culture	<input type="checkbox"/> Religious Dress <input type="checkbox"/> Sexual Harassment <input type="checkbox"/> Sexuality <input type="checkbox"/> Victimisation (for making a complaint) <input type="checkbox"/> Unsure <input type="checkbox"/> Other If 'Other' _____
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The response - agreed action

The contact has been sent details of the EAP

Referral

- Referral to Associate Director HSW or Senior HSW Advisor
 No Action - contact was not complainant
 No Action - information only
 No Action - contact has decided the behaviour was not bullying or harassment
 No Action - contact does not wish any action taken at this time
 No Action - other
 Individual Action - contact wishes to discuss informally with their supervisor/manager
 Individual Action - contact wishes to lodge a formal complaint with their supervisor/manager
 Individual Action - contact wishes to discuss with the respondent
 Individual Action - contact wishes to discuss with the complainant
 Individual Action - other
 Other
 If 'Other' _____