

Psychosocial hazards request for service form

If you need help to complete or submit this form, call 13 10 50.

Once you have completed this form, please post to: Locked Bag 2906, Lisarow, NSW 2252

Privacy compliance statement

Personal information collected in this form is collected by SafeWork NSW in accordance with the Privacy and Personal Information Protection Act 1998 (PPIP Act). SafeWork NSW respects your privacy and is committed to protecting your personal information. We collect your personal information to provide our services to you, to improve the quality of our services and to provide you with information about other services we offer.

You are required to provide this information in order for us to process your request form. Failure to provide the information may result in us not being able to process your request form. You have the right to access and correct your personal information. You can do this at any time by contacting SafeWork's customer service centre on 13 10 50 or in writing to 92-100 Donnison Street, Gosford, NSW 2250. Further information on our privacy policy is available at safework.nsw.gov.au.

This form relates to a request for service for psychosocial hazards, which include for example:

- Role overload, exposure to traumatic events, lack of role clarity, low job control, poor support, inadequate reward and recognition, poor procedural justice, poor change consultation, and
- harmful workplace behaviour, eg bullying which is repeated and unreasonable behaviour, harassment and sexual harassment.

Please tick the box below to comply with the following conditions:

- 1. I have checked that what is occurring is a psychosocial hazard/harmful workplace behaviour in the NSW Code of Practice: Managing Psychosocial Hazards at Work (refer to Table 1).
- 2. I accept SafeWork's Psychosocial Hazards Service Standards which explains what I can expect from SafeWork NSW, what SafeWork NSW expect from me and what SafeWork NSW can and cannot do when I raise a psychosocial hazard with them.

I agree	with	the	above	conditions*
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Agree

3. What outcome would you like to see as a result of raising this issue with SafeWork NSW (please refer to what we cannot do in the Service Standards)

respond?*
Yes No
If Yes, please describe how you raised this psychosocial hazard with your employer.* Attach any evidence available (eg. copy of email or incident report etc)
If No, Why? (Note the Psychosocial Hazards Service Standards in relation to not giving your employer an opportunity to respond)
5. In completing this form SafeWork NSW requires three examples (from the past 12 months) of psychosocial hazards, that can be supported by evidence. You will be required to describe the evidence that you have available in the example section below.
If your example relates to a serious incident or workplace violence call 131 050
I consent to SafeWork NSW raising the issue of alleged psychosocial hazards with my workplace.* Yes No
If you do not consent, SafeWork NSW will not be able to action your request if details of the hazard are not able to be raised with the workplace.
6. If you choose to remain anonymous, this will limit SafeWork NSW's ability to address the specific nature of your complaint and you will not receive feedback on any action taken by SafeWork NSW. Do you wish to remain anonymous?* Yes No
7. Do you consent to SafeWork NSW identifying you to the business by proceeding with this request?* (disregard this question if you answer Yes to Question 6 above). Yes No
(disregard this question if you answer Yes to Question 6 above).

Your Details			
First name:*		Last name:*	
Address:			
Suburb:			Postcode:
Phone number:	Email:*		
9. Are you an apprentice or trainee?			
Yes No			
10. Are you under 25 years old?			
Yes No			
11. Are you currently employed at the workplace	e where y	ou experienced	I the psychosocial hazard/s?
Yes No Not Applicable			
12. What is your relationship to the workplace w	here the	alleged psycho	social hazard/s occurred?*
Worker Ex Worker Union (Official	Health &	Safety Representative
Family member/legal guardian Of	ther		
If you tick 'Other', please explain the relationshi	p to the	workplace	
Workplace Details			

Workplace Details		
ABN:	Business Name*	
Business Street Address:*		
Suburb:*		Postcode:
Business Phone:*	Business Email:*	
Main business activity (eg furniture manuf	facture, steel warehousing, fa	shion retail)*
Location/s in the workplace where you exmy desk in the office, in the lunchroom, in		

Information about the alleged psychosocial hazard/s

Provide three recent specific examples (from the past 12 months), that can be supported by evidence that you think is significant in contributing to your issues of psychosocial hazards (for more information refer to Table 1 in the Code of Practice: Managing Psychosocial Hazards at Work). When describing the evidence (eg diary entries, emails, text messages, internal work health and safety hazard/incident notifications, HR or workers compensation claims and/or grievances etc) it is important to include specific information, dates, location and witnesses.

Note: if the evidence is not available this will limit SafeWork NSW's ability to address your concerns/specific nature of the complaint and you may not receive feedback on any action taken.

List the examples below, if SafeWork NSW requires additional information beyond these three examples it will be requested by a representative from SafeWork NSW.

Instructions: Please tick the psychosocial hazards you are alleging you have experienced in your workplace, and provide a specific example, please only fill in the ones relevant to your situation

Role overload/underload (includes: high workloads or job demands, or low workloads or job demands)
Exposure to traumatic events
Role conflict or lack of role clarity
Low job control
Conflict or poor workplace relationships between workers and their supervisors and managers and co-workers
Poor support (from supervisors, managers or co-workers)
Inadequate reward and recognition
Poor procedural justice (processes for making decisions)
Poor organisational change consultation
Bullying and/or harassment
Sexual harassment and/or sexual assault
Low job control Conflict or poor workplace relationships between workers and their supervisors and managers and co-workers Poor support (from supervisors, managers or co-workers) Inadequate reward and recognition Poor procedural justice (processes for making decisions) Poor organisational change consultation Bullying and/or harassment

If you ticked Bullying and/or Harassment

Workplace bullying is one type of harmful workplace behaviour. It can be directed towards a worker or a group of workers which creates a risk to health and safety.

It can occur in any workplace and can be harmful to you if you experience or witness it.

Examples of potential unreasonable behaviour include repeated instances of:

- offensive language or comments directed at an individual or group
- · unjustified criticism
- exclusion from workplace activities
- withholding information that is needed for work.

If you ticked Sexual Harassment

Sexual harassment is any unwelcome sexual advance, unwelcome request for sexual favours or other unwelcome conduct of a sexual nature, in circumstances where a reasonable person, having regard to all the circumstances, would anticipate the possibility that the person harassed would be offended, humiliated or intimidated (SafeWork Australia).

13. Are you being managed for poor conduct or performance at work?*

Yes No

14. Are you facing disciplinary action at work?*

Yes No

If you ticked Yes to Questions 13 or 14, please note:

Reasonable management action taken in a reasonable way is not workplace bullying. Managers are responsible for monitoring the quality and timeliness of work and providing staff with feedback on their performance.

No

15. Have any other agencies or organisations been involved in resolving this matter?

Yes (If yes please tick the relevant ones below)

Anti - Discrimination NSW

Australian Human Rights Commission

Fair Work Commission

Independent Review Office

NSW Industrial Relations

NSW Police

NSW Ombudsman

Personal Injury Commission

Union

Other

Example 1
Date/s that it happened:*
Name and position of other persons involved:*
Relationship of this person to you* (eg. co-worker, person I supervise, supervisor, manager, owner)
Name/position of any witnesses

What happened? What was said or done? How long has this been occurring?^ (Be as specific as possible)
What effect did this have on you?*
Example 2
Date/s that it happened:*
Name and position of other persons involved:*
Relationship of this person to you* (eg. co-worker, person I supervise, supervisor, manager, owner)
Name/position of any witnesses
What happened? What was said or done? How long has this been occurring?* (Be as specific as possible)
What effect did this have on you?*
Example 3
Date/s that it happened:*
Name and position of other persons involved:*

Relationship of this person to you* (eg. co-worker, person I supervise, supervisor, manager, owner)
Name/position of any witnesses
What happened? What was said or done? How long has this been occurring?* (Be as specific as possible)
What effect did this have on you?*
Actions taken to resolve the psychosocial hazard/s
16. Does your workplace have a process for managing psychosocial hazards (eg reporting procedures, grievance and complaint procedure)?*
Yes No There are no workplace procedures that I am aware of
17. Have you used your workplace reporting procedures?*
Yes No Not applicable
18. Other than using your workplace reporting procedures, have you raised the issue internally (eg verbally/by email/text message to a manager or supervisor)?*
Yes No
If you ticked Yes to Question 18:
What did you do? What was the response and/or actions taken by your workplace?

19. Have you had time off work in relation to this issue?*
Yes No
If yes, describe your time off (eg. what type of leave, how long you had off, when)?
20.Have you sought medical treatment/counselling as a result of this psychosocial hazard?*
Yes No
If yes, describe your treatment (eg When, what type of treatment, is there a Certificate of Capacity)?
if yes, describe your treatment (eg when, what type of treatment, is there a oer inteate of dapacity):
21. Have you sustained a diagnosed illness or injury or been admitted to hospital as a result of this psychosocial hazard?*
hazard?*
hazard?* Yes No
hazard?* Yes No
hazard?* Yes No
hazard?* Yes No If yes, describe your diagnosis (eg. what is the illness/injury/diagnosis, when did it occur)?
hazard?* Yes No If yes, describe your diagnosis (eg. what is the illness/injury/diagnosis, when did it occur)? 22.Have you lodged a workers compensation claim for this issue?*
hazard?* Yes No If yes, describe your diagnosis (eg. what is the illness/injury/diagnosis, when did it occur)? 22.Have you lodged a workers compensation claim for this issue?* Yes No
hazard?* Yes No If yes, describe your diagnosis (eg. what is the illness/injury/diagnosis, when did it occur)? 22.Have you lodged a workers compensation claim for this issue?*

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