



Sexual harassment complaint form

If you need urgent help, call triple zero ('000').

Sexual harassment in any form is unacceptable and must not be tolerated anywhere, including in our workplaces.

Resources Safety & Health Queensland (RSHQ) works with industry to manage the risks of psychosocial hazards, including sexual harassment, and to ensure resources sector operators have appropriate systems in place for the prevention and management of risk of harm to workers and others, and adequate processes for dealing with complaints.

Please complete this form if you wish make complaint which relates to sexual harassment at a Queensland mine or quarry, or petroleum or gas operating plant.

The complaint form can be completed and returned via email to complaints@rshq.qld.gov.au.

Alternatively, the form returned to RSHQ via post to:

Attn: Occupational Health
GPO Box 1321
Brisbane Qld 4001

Contact our enquiry line on 1300 581 077 or at complaints@rshq.qld.gov.au if you need assistance.

Privacy and consent

Personal information collected by RSHQ in this form is collected and stored in accordance with the [Information Privacy Act 2009](#). Further information is available on our [privacy page](#).

Submission of this form indicates you have considered the privacy statement and consent information and certify to the best of your knowledge that the information supplied in this complaint is true and correct.

Complaint form

- I would like to provide my personal details within this complaint (start at part A)
 I would like to remain anonymous (start at part B)

Electing to remain anonymous may limit RSHQ's ability to determine how the specific matter was handled by the employer and to take appropriate action.

PART A: Your Details

First name/s:

Postal address:

Family name:

State:

Postcode:

Contact number:

Email:

I am making the complaint of behalf of:

- Myself (Go to Part B)
 Another affected person* (continue below)

**The affected person is the person most immediately affected by the sexual harassment incident/s.*

Have you got the affected person's permission to make this complaint on their behalf?

- Yes, please provide these details below and continue Part B.
 No, skip the section below and continue Part B.

Contact details of affected person

First name/s:

Postal address:

Family name:

State:

Postcode:

Contact number:

Email:

PART B: Site and employer details

RSHQ's role is to investigate whether obligation holders have met their duties to manage the risk of sexual harassment in a workplace to an acceptable level. RSHQ is not able to investigate complaints about matters that fall under the jurisdiction of other enforcement agencies.

Site details

Name:

Address:

Operator / owner:

Employer details

Employer type:

Operator

Supplier

Contractor

Labour hire

Employer name:

PART C: Complaint details

When did the incident/s occur?

Please provide a summary of your complaint:

