



GUIDANCE NOTES

To accompany the *Policy for the Prevention and Resolution of Bullying at Work*
*(*Version: October 2024)*

PREFACE

These Guidance Notes are provided by way of an aide to the parties to a complaint and those involved in administering the *Policy for the Prevention and Resolution of Bullying at Work* – Version: October 2024

Guidance Notes should always be read in conjunction with the policy. Wherever a disputed issue may arise with respect to interpretation, the *Policy for the Prevention and Resolution of Bullying at Work* shall have primacy.

These Guidance Notes may be subject to review, modification and updates from time to time as may arise on direction of the ETBI/Unions' Consultative Forum.

All references to ETB are understood to comprehend the appropriate Education and Training Board (ETB).

It is important that ETBs have a Dignity at Work Charter in place which references the suite of policies which are relevant to same.

Whether formal or informal, a complaint must be made within six months of the latest incident(s) of alleged behaviour. In exceptional circumstances, the six-month time limit may be reviewed. The decision on whether to admit a complaint under this procedure rests with the Head of Human Resources in the respective ETB.

Table of Contents

Contents.....	3
TEMPLATE A1 – Aide-mémoire for ETB Contact Persons	5

TEMPLATE B1 – Assessment Agreement for Mediation	8
TEMPLATE B2 – Record of the Outcome of Mediation (Exemplar)	10
TEMPLATE C – Workplace Bullying Complaint Form	11
TEMPLATE E2 – Response to Complaint Form Exemplar.....	22

Contents

Template	Document/Template Type	Appropriate to the following usage:
Template A1	Aide-mémoire for ETB Contact Person	Internal ETB Document NB: The form can be used for respondent parties also. In such circumstances, references to

		complainant and respondent are reversed when completing the form.
Template B1	Assessment Agreement for Mediation	Assessment Agreement for use by Mediator & parties to the complaint where mediation is undertaken as an appropriate remedy for conflict at work
Template B2	Record of the Outcome of Mediation (Exemplar)	Completed by Mediator & forwarded for retention by ETB HR Department
Template C	Workplace Bullying Complaint Form	Completed by complainant & forwarded to the Head of HR in the ETB
Template E2	Workplace Bullying Response to Complaint Form	Issued by the Head of HR for completion by the respondent

*STRICTLY CONFIDENTIAL***Aide-mémoire for ETB Contact Persons**

Please note that Contact Persons are available to both complainant and respondent parties. Where the form is used for respondent party/ies, references to complainant and respondent are reversed.

<i>ETB name:</i>	
<i>Name of ETB Contact Person:</i>	
<i>Name of staff member:</i>	
<i>Confirm if staff member is a complainant or a respondent.</i>	
<i>Contact phone number, which the complainant staff member is happy to provide</i>	
<i>Date & time of conversation (by phone, in person etc.)</i>	
<i>Conversation No. (X of X)</i>	
<i>Initials of respondent:</i> <i>In the interest of confidentiality, please refrain from recording information that may identify other parties.</i>	
<i>Any action taken by staff member to date (supply details):</i>	

Have you as the Contact Person...

<i>Questions</i>	<i>YES</i>	<i>NO</i>
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1. Listened to the staff member's concerns?		
2. Summarised back to the staff member what you understand to be his/her concerns?		
3. Have you informed the staff member, in a non-directional manner , of the options available to them under the Prevention Policy?		
<i>Option</i> Whether another policy would be more appropriate e.g. the nationally agreed grievance procedure? Any decision in this regard is a matter for the staff member concerned.		
<i>Option</i> Mediation – have you explained what is involved?		
<i>Option – Employee Assistance Service/Counselling</i> The independent employee assistance service provides professional guidance and counselling. Have you directed them to their website? Have you advised what is involved? Have you provided contact details for the service?		
<i>Option</i> To make a formal complaint and the process involved?		
4. Have you mentioned that s/he contact their trade union to discuss their concerns?		
5. Has the staff member indicated that s/he might be willing to engage in one of the options mentioned?		
6. Have you already emailed/posted the staff member a copy of the <i>Policy for the Prevention and Resolution of Bullying at Work</i> and other relevant information, e.g., on mediation, employee assistance service/counselling, a copy of the nationally agreed grievance procedure, etc.? If not, have you told the complainant when s/he should expect to receive it?		
7. Have you asked the complainant to revert back to you within the next 2-3 days having considered their options and having had a chance to look at the <i>Policy for the Prevention and Resolution of Bullying at Work</i> ?		
8. Has the complainant indicated when s/he will revert back to you?		
9. Have you completed this aide memoire?		
10. Have you informed the complainant that you will send them a copy of this aide memoire and when s/he would expect to receive it?		
11. Have you explained that this aide-memoire will be retained in a strictly confidential and securely placed file marked <i>“Contact Persons <relevant year, e.g. 20XX> and will be destroyed by shredding following a period of six months?”</i>		
12. Have you explained that the retention of this information for a period of six months is merely as an aide-memoire to the Contact Person to assist		

you in the event that the complainant may contact you again within that six-month period?		
13. Have you explained that no other records regarding the conversation will be retained in any other files (e.g., personnel files)?		
14. Have you diarised forward to ensure that you contact the complainant in at least one working week to check in with them? If so, list the date.		

Date: _____

NOTE: The role of the ETB Contact Person does not extend to intervening or approaching any person on behalf of the staff member.

Retention of Aide-memoire: It is the policy of the relevant Education and Training Board to retain the original copy of the Aide-memoire (as completed by the Contact Person) in a strictly confidential and securely placed file marked “**Contact Persons** <relevant year, e.g. 20XX>”. The Aide-memoire is just as its meaning suggests, to refresh the Contact Person’s memory in the event that a further contact to them is made on the same issue by the same person within six months. It is the policy of the ETB concerned that the aide-memoire will be destroyed by shredding following a period of six months duration from its initial completion.

TEMPLATE B1 – Assessment Agreement for Mediation

(To be signed by the parties when engaging in mediation)

Assessment Agreement

of [insert name]

for mediation as an appropriate remedy for conflict at work

“WITHOUT PREJUDICE”

What is your desired best outcome? *(Please insert your own hopes here)*

Do you want the conflict to end?	
Yes or No?	
Do you accept that the Mediator will not take sides?	

Yes or No?	
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Do you understand/accept that:

- The process will not assign blame to anyone but will explore and acknowledge how the conflict has evolved.
- The purpose of Mediation is for the individuals in dispute to find their own solutions with the assistance of the Mediator.
- The process is entirely voluntary and will not succeed if the parties are not fully engaged or are unwilling participants.
- The process involves each person speaking while the other listens.
- Following this part of the process, there may be some discussion, but it should be within strict bounds.
- Separate meetings can occur at any time during the mediation process to check out a person's concerns, confront unhelpful behaviour, or help people think through their options.
- The discussion will shift toward the future and what will happen from now on.
- The parties agree on an agenda of issues which need resolution.
- The parties will work through each issue on the agenda, generating a number of ideas then weighing, adjusting and testing the alternatives to craft a workable, mutually satisfactory outcome.
- If the parties are able to settle their differences, the Mediator will write a formal agreement containing these decisions. Everyone involved signs and keeps a copy.
- The Mediator may be invited to review the operation of the agreement within a specific period at the request of the parties.
- No full session will exceed 2 hours.
- Most situations should be resolved in 2-3 sessions.
- It will require the parties looking at the wider picture.
- It will require an element of examining one's own behaviour and responses to difficult situations.
- It will require each person to "walk in the shoes of the other" and see the picture from the other person's perspective.
- The goal of mediation is to help people improve their confidence in handling conflicts and help rebuild a professional working relationship.
- An ultimate workable resolution may require engagement with parties other than those directly involved. *(Please indicate here who you consider might be relevant to the process).*

I have read and understood the above and am willing to engage in the mediation process. If at any stage I am of the view that mediation is not appropriate, I reserve my right to withdraw and exercise other options available to me.

Signed _____

Date _____

[Insert name]

TEMPLATE B2 – Record of the Outcome of Mediation (Exemplar)

Policy for the Prevention and Resolution of Bullying at Work

Name(s) of complainant:

Name(s) of respondent:

Name of Mediator:

Dates of sessions undertaken:

The above-named parties have engaged in a mediated process involving *<X number>* of sessions.

The outcome of these sessions has resulted in:

An agreed outcome

OR

An agreed outcome not being achieved

Mediator's signature: _____

Date: _____

This record should be furnished by the Mediator, to the HR department of the ETB (marked strictly private and confidential for the attention of the Head of HR) and copied to the parties to mediated process.

A copy will be retained on the personnel file of the parties to the process for a period of one year where mediation has been successful. Where mediation has been unsuccessful, a copy will be retained on file until the expiration of Formal Procedure (if invoked) and for a period not exceeding six years thereafter.

TEMPLATE C – Workplace Bullying Complaint Form



msletb
Bord Oideachais agus Oiliúna
Mhaigh Eo, Shligigh agus Liatroma
Mayo, Sligo and Leitrim
Education and Training Board

Workplace Bullying Complaint Form

Bullying at work has been defined as *“repeated inappropriate behaviour, direct or indirect, whether verbal, physical or otherwise, conducted by one or more persons against another or others, at the place of work and/or in the course of employment, which could reasonably be regarded as undermining the individual’s right to dignity at work. An isolated incident of the behaviour in this definition may be an affront to dignity, but as a once-off incident, is not considered to be bullying.”*

Before completing this form, it is recommended that you familiarise yourself with the ETB’s *Policy for the Prevention and Resolution of Bullying at Work*.

The complaint form **must be completed in full**. By way of guidance, you should have regard to such matters as providing:

- Clear specific allegations against named individual(s)
- Dates and times of incident(s)
- **A list of witnesses, if any.** The complainant is required to submit the names and contact details of witnesses to specific incident/s (if any) in a list as part of the complaint submitted and within the timeframe prescribed by the policy. Only persons who are in position to offer direct evidence in respect of an alleged incident(s) may be nominated by the complainant. **Generalised statements in the nature of character references are not witness statements.** Copies of witness statements (if any) will be provided to both parties to the complaint in accordance with natural justice and fair procedure.
- Direct quotes if they can be recalled.
- A brief description of the context of each incident.
- A brief description of the impact/effect each incident had on you.
- Any other relevant supporting evidence.
- Except for mediation, details of previous approaches made to the respondent (if any) and the outcome of same.

You should complete and submit this if you consider your complaint meets the definition of bullying. **Contact details are provided at the end of this form, advising to whom you should submit your complaint.** ^[OBJ]

(See overleaf)

1. PERSONAL DETAILS (of the person making this complaint)

FULL NAME

WORKPLACE ADDRESS

TELEPHONE NUMBER	AND	EMAIL ADDRESS
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2. PERSON RESPONSIBLE FOR THE ALLEGED BULLYING

FULL NAME	AND	WORKPLACE ADDRESS
TELEPHONE NUMBER		EMAIL ADDRESS

3. WORKING RELATIONSHIP TO YOU (please tick)

MANAGER/SUPERVISOR

SUBORDINATE

CO-WORKER

OTHER

4. BULLYING BEHAVIOURS

The following are some examples of unreasonable behaviours that may be considered bullying when part of a repeated pattern of events. **Tick any of these that are relevant to you and provide a description of the behaviour/s under '5. Details/Particulars of Alleged Bullying.'**

Tick as relevant to	Behaviour	Date(s)
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your complaint.		
	Exclusion with negative consequences	
	Verbal abuse/insults	
	Being treated less favourably than colleagues in similar roles	
	Belittling a person's opinion	
	Disseminating malicious rumours, gossip or innuendo	
	Socially excluding or isolating a person within the work sphere.	
	Intrusion - pestering, spying or stalking	
	Intrusion - pestering, spying or stalking	
	Excessive monitoring of work	
	Withholding information necessary for proper performance of a person's job	
	Repeatedly manipulating a person's job content and targets.	
	Blaming a person for things beyond their control	
	Use of aggressive and obscene language	
	Other menacing behaviour	

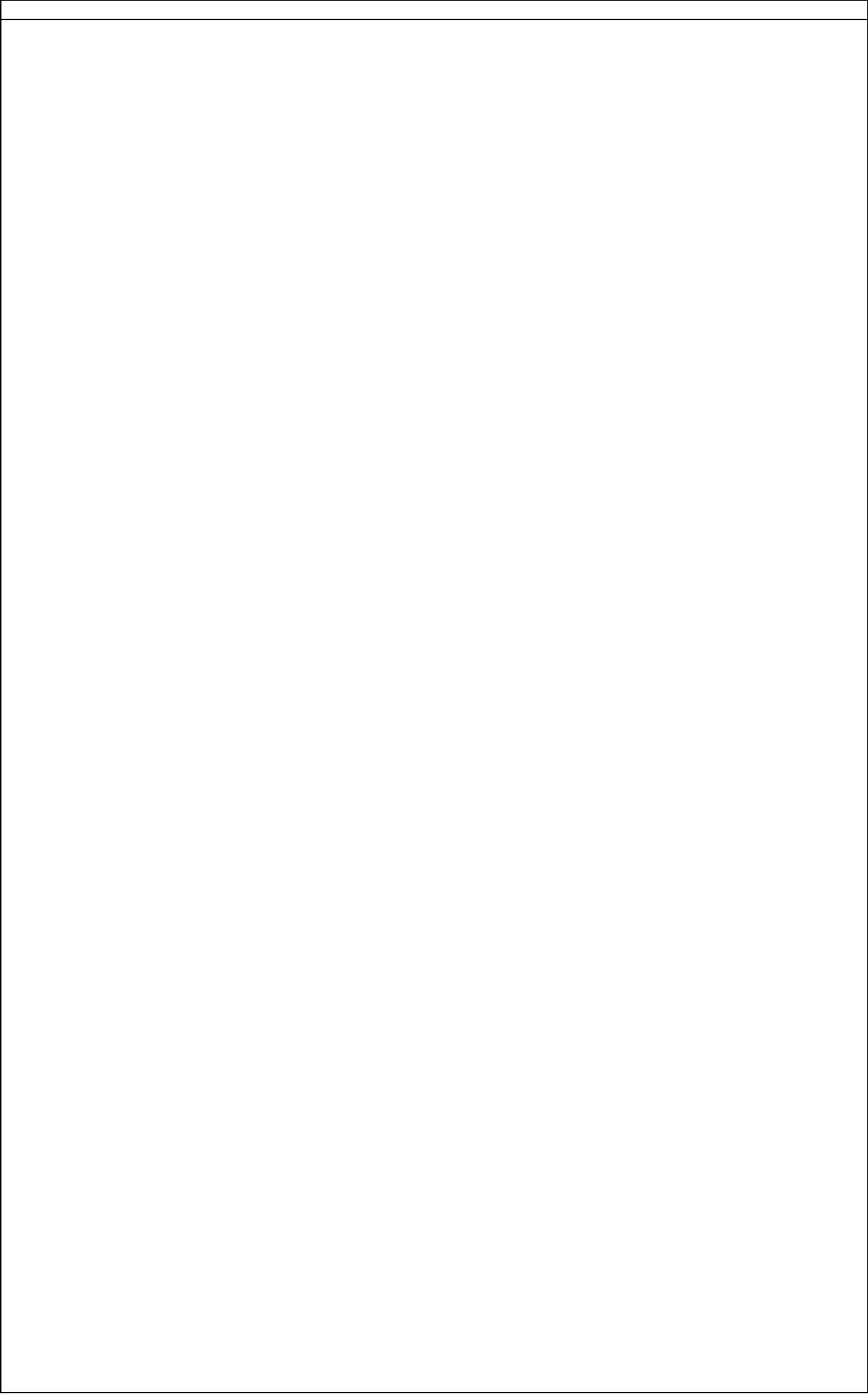
The list is not exhaustive. If you consider that other behaviours constitute bullying in accordance with the definition on page 1 of this form, please list them in the blank spaces allotted above.

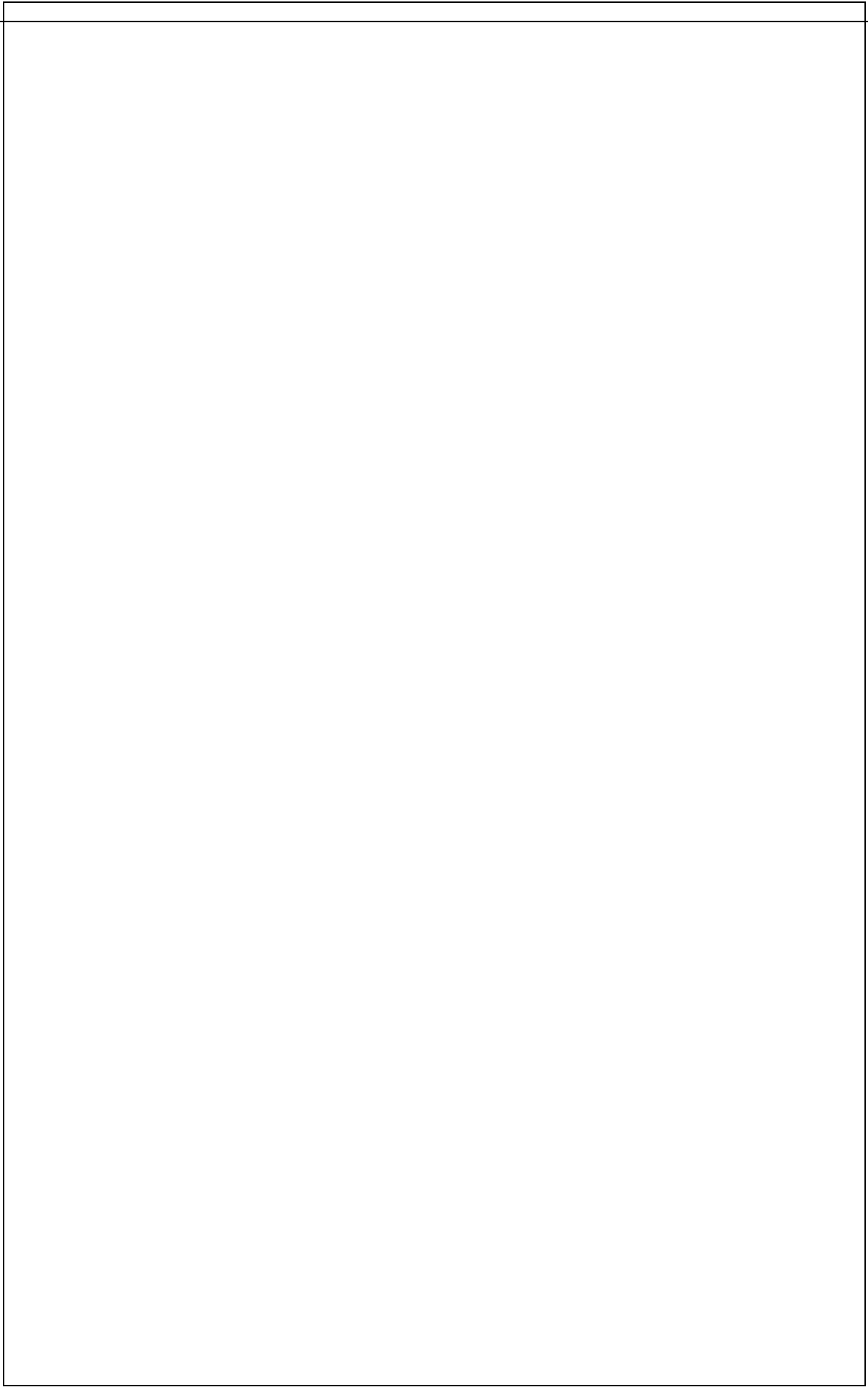
5. DETAILS/PARTICULARS OF ALLEGED BULLYING (who, what, where, when and how, i.e. the impact/effect each incident had upon you)

Please attach additional pages if necessary.

You have regard to the following as a guide for completing this section.

- *Clear specific allegations against named individual(s)*
- *Dates and times of incident(s)*
- *Direct quotes if they can be recalled.*
- *A brief description of the context of each incident.*
- *A brief description of the impact/effect each incident had on you.*
- *Any other relevant supporting evidence.*
- *Except for mediation, details of previous approaches made to the respondent (if any) and the outcome of same.*





6. WITNESSES (please provide contact details of witnesses to the alleged bullying)	
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FULL NAME (below)	CONTACT NUMBER OR EMAIL
FULL NAME	CONTACT NUMBER OR EMAIL
FULL NAME	CONTACT NUMBER OR EMAIL

7. LOCAL MANAGEMENT

Have you reported this matter to anyone else?	YES NO
If YES , whom did you report the matter to and what has happened since the report was made?	

8. SUPPORTING EVIDENCE ATTACHED TO THIS COMPLAINT

Please list any supporting evidence/documents with this Complaint Form (e.g. emails, diary entries, etc.). Supporting evidence/documentation should be specifically referenced in the complaint form and must be relevant to the detail/particulars of the complaint.

9. ADDITIONAL INFORMATION (Do you have any other information relevant to your complaint?)

10. DECLARATION

I declare that the information provided in this complaint form is true and correct to the best of my knowledge. I understand that by submitting this completed form that my complaint will now be processed by way of the *Policy for the Prevention and Resolution of Bullying at Work..*

Signature of the person making the complaint

Date

Return this completed form to the Head of Human Resources, <Insert ETB name and contact details>.

**Formal Procedure Stage 1, Policy for the Prevention and Resolution of Bullying at Work (Version: February 2018).*

<Insert ETB LOGO>

Workplace Bullying Response to Complaint Form

The response to complaint form must be used to respond to a formal complaint.

Bullying at work has been defined as *“repeated inappropriate behaviour, direct or indirect, whether verbal, physical or otherwise, conducted by one or more persons against another or others, at the place of work and/or in the course of employment, which could reasonably be regarded as undermining the individual’s right to dignity at work. An isolated incident of the behaviour in this definition may be an affront to dignity but as a once-off incident is not considered to be bullying.”*

Before completing this form, it is recommended that you familiarise yourself with the ETB’s *Policy for the Prevention and Resolution of Bullying at Work*.

The form **must be completed in full**. By way of guidance, you should have regard to responding to the complaint details made against you referencing such matters as:

- Responding clearly to the specific allegations made against you
- Dates and times of any relevant incident(s)
- **A list of witnesses, if any.** The respondent is required to submit the names and contact details of witnesses to specific incident/s (if any) in a list as part of the response to the complaint form submitted and within the timeframe prescribed by the policy. Only persons who are in position to offer direct evidence in respect of an alleged incident(s) may be nominated by the complainant. Generalised statements in the nature of character references are not witness statements. Copies of witness statements (if any) will be provided to both parties to the complaint in accordance with natural justice and fair procedure.
- Direct quotes if they can be recalled.
- Your response to each incident alleged.
- A brief description of the impact/effect each incident had on you.
- Any other relevant supporting evidence.
- Except for mediation, details of previous approaches made to the complainant (if any) and the outcome of same.

You should complete and submit this form using the contact details provided at the end of this form.

(See overleaf)

1. PERSONAL DETAILS (of the person responding to the complaint)

FULL NAME		WORKPLACE ADDRESS
TELEPHONE NUMBER	AND	EMAIL ADDRESS

2. WORKING RELATIONSHIP TO YOU OF THE PERSON MAKING THE COMPLAINT TO YOU

☐

MANAGER/SUPERVISOR

☐

CO-WORKER

☐

SUBORDINATE

3. RESPONSE TO THE PARTICULARS OF ALLEGED BULLYING: (Please provide full and specific responses to each claim contained in the Complaint Form, providing a full explanation, including the names of witnesses*, if any.

Please attach additional pages if necessary.

You have regard to the following as a guide for completing this section.

- *Direct quotes if they can be recalled.*
- *A brief description of the context of each incident.*
- *A brief description of the impact/effect each incident had on you.*
- *Any other relevant supporting evidence.*
- *Except for mediation, details of previous approaches made to the respondent (if any) and the outcome of same.*

4. WITNESSES (please provide contact details of witness/es) *

FULL NAME	CONTACT NUMBER OR EMAIL
FULL NAME	CONTACT NUMBER OR EMAIL
FULL NAME	CONTACT NUMBER OR EMAIL

5. SUPPORTING EVIDENCE ATTACHED TO THIS RESPONSE

Please list any supporting evidence/documents with this Response Form (e.g. emails, diary entries etc.). Supporting evidence/documentation should be specifically referenced in the response form and must be relevant to the detail/particulars of the incident/s alleged in the complaint.

6. ADDITIONAL INFORMATION (Do you have any other information relevant to your response to the complaint)

7. DECLARATION

I declare that the information provided in this Response to Complaint Form is true and accurate to the best of my knowledge.

Signature of the Respondent

Date

Return this completed form to the Head of Human Resources, <Insert ETB name and contact details>.

**Formal Procedure Stage 1, Policy for the Prevention and Resolution of Bullying at Work (Version: February 2018)*