

Notification of inappropriate personal conduct in a law practice (Witness)

Please complete this form if you witnessed or have knowledge of inappropriate personal conduct by someone working in a law practice toward another person. Please attach more pages if required.

Your details

Name:

Email:

Phone:

If you do not wish your name and contact details to be disclosed to the harasser or another person, please tick this box:

Harasser's details

Name:

Lawyer type (please tick): Solicitor Barrister Other specify:

Law firm name (if known):

Contact details (if known):

What is the harasser's relationship to you? (eg. your representative, employer, colleague, other):

Details of person(s) the subject of harasser's inappropriate personal conduct

Name (if known):

Contact details (if known):

Is the person aware of your Notification? (please tick) Yes No

You are not required to have sought or obtained any person's permission to lodge this Notification.

Inappropriate personal conduct

Does the conduct fit into one or more of the following categories? (please tick)

Discrimination Sexual harassment Workplace bullying Other

When did the conduct happen?

It began on:

It ended on:

Is it still going on? (please tick) Yes No

What happened?

Please provide details of the conduct, including the circumstances in which it occurred, any supporting information that may be available, and if there may be any other witnesses or persons aware of the conduct. If more than one incident occurred, please provide details of each incident in the order that it happened. If you are aware of any other person who may have been the subject of the same or similar conduct by the harasser, please provide details.

Please attach additional pages if required

Have you attempted to address the conduct with the harasser, any other person(s) or organisation(s)? (please tick)

Yes No

If yes, please provide details, including the response you received (if any).

There is no requirement for you to attempt resolution of the conduct prior to your lodging this Notification.

(Optional) Have you sought counselling or similar assistance following the incident(s)?

(Optional) Have you maintained a diary of the incident(s)?

(Optional) What outcome(s) are you seeking by making this Notification?

Signature and date

SIGNED:

Date:

Privacy Collection Statement

The Office of the Legal Services Commissioner is bound by laws that protect your privacy concerning the collection, use and disclosure of your personal information. You can request access to your personal information by contacting us. The Office of the Legal Services Commissioner may be called on to disclose your personal information to other state and Commonwealth agencies, or as otherwise required by legislation, a Court or Tribunal. This Office has a duty to report serious criminal or other offences to Police or other authorities where there are reasonable grounds. However, we are determined to do everything in our power to safeguard the confidentiality of any information you are willing to provide to us, including contesting any such applications for disclosure in a Tribunal or Court to seek immunity from disclosure on public interest grounds.