



## WORKPLACE HARASSMENT COMPLAINT FORM

### COMPLAINANT INFORMATION

*Discrimination and/or harassment was directed towards*

Name of Complainant: \_\_\_\_\_

Title/Position: Worksite: \_\_\_\_\_

Additional Information: \_\_\_\_\_

Supervisor/Manager's Name: \_\_\_\_\_

Supervisor Title/Position: Supervisor Work Phone: \_\_\_\_\_

### RESPONDENT INFORMATION

*Discrimination and/or harassment was directed by*

Name of Respondent: \_\_\_\_\_

Title/Position: Worksite: \_\_\_\_\_

### INITIATOR INFORMATION

*Complete this section only if the employee who initially identified the offensive behaviour is different from the complainant*

Name of Person Making the Report (if different from above): \_\_\_\_\_

Title/Position: \_\_\_\_\_

Worksite: \_\_\_\_\_

### PRE-STEP

Was the respondent advised that the behaviour was unwelcome?

Yes

No

Date Complainant advised Respondent that the behaviour was unwelcome: \_\_\_\_\_

### COMPLAINT

Describe the alleged discrimination/harassment. Set out all facts, in chronological order, on which the complaint is based. Include dates, times, locations, the identity of witnesses, and a description of the steps already taken to resolve the matter. Attach additional pages if necessary.

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