



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.
