



WORKPLACE HARASSMENT FORMAL 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:

INFORMAL RESOLUTION

Was the informal resolution process attempted? Yes No

Name of Supervisory/Managerial Personnel involved in the informal resolution:

Date Complainant reported unwelcome behaviour to the above noted person:

Describe the Informal Resolution attempt taken and why it failed:

FORMAL 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.

RESOLUTION REQUESTED

Explain the resolution you believe would resolve this matter.

I acknowledge having read the **Workplace Harassment Prevention Policy and Administrative Procedures**. I hereby certify that to the best of my knowledge the above-mentioned information is true, accurate and complete. I understand that making false or frivolous allegations is in violation of this policy and is subject to disciplinary sanctions.

Initiator/Complainant Signature: _____ Date: _____

**INSTRUCTIONS FOR SUBMITTING THIS FORM:
PLACE THIS FORM IN A SEALED ENVELOPE MARKED "PRIVATE AND CONFIDENTIAL" AND FORWARD TO THE
SUPERINTENDENT OF SCHOOLS/HUMAN RESOURCE SERVICES**

INFORMATION COLLECTION AUTHORIZATION:

The personal information contained on this form has been collected under the authority of the Occupational Health and Safety Act, the Municipal Freedom of Information and Protection of Privacy Act, and the Personal Health Information Privacy Act, and will be used to investigate incidents of workplace violence. This form will be used by the Supervisor of the department, Legal Counsel and the Ministry of Labour staff. The form will be handled with the strictest confidence, stored in a locked and secure file cabinet in Human Resources Services and retained for a three year period. Questions pertaining to the collection of this information should be directed to the Superintendent of Human Resources.

COPIES:

- 1. Superintendent of Human Resource Services
- 2. Employee's Supervisor
- 3. Complainant
- 4. Respondent
- 5. Initiator