

## Harassment & Discrimination Formal Complaint Form

### Complainant Information

Name(s):	Contact Number(s):
Position(s):	Supervisor(s):

Please refer to the Harassment & Discrimination policy and indicate the type of complaint for which you are filing a formal complaint:

**Harassment**       **Discrimination**

In order to facilitate a timely review and treatment of your complaint, it is important to provide detailed information.

### Details of the Complaint:

Respondent(s) Name(s): <i>(Person(s) you believe have harassed or discriminated against you.)</i>
List the date(s), time(s) and place of the incident(s):
Please explain in detail the nature of your complaint and provide any relevant information or evidence to support the allegation(s):
<i>Note: sufficient information must be provided for the respondent(s) to be able to respond and to assess whether a formal complaint is being pursued based on the criteria outlined in the policy.</i>

Did anyone witness the incident? <input type="radio"/> YES <input type="radio"/> NO	
Please list the names of any witnesses and their positions:	
Have you raised your concern(s) directly with the respondent(s)? <input type="radio"/> YES <input type="radio"/> NO If yes, how and when was it done? What was the result? If no, please explain your reasoning.	
Has an informal complaint process been completed? <input type="radio"/> YES <input type="radio"/> NO If yes, how and when was it done? What was the result? If no, please explain your reasoning.	
Please describe your desired outcome:	
I hereby certify that to the best of my knowledge, the above-mentioned information is factual, accurate and complete. I am aware that as a result of an investigation, if it is determined that an otherwise unfounded complaint was intended to be malicious and/or vexatious, it will be considered a form of harassment and will be dealt with in accordance with the applicable sanctions as outlined in the Harassment and Discrimination policy and/or the relevant conditions of appointment or employment document.	
_____	_____
Signature of the Complainant(s)	Date
Received by (name):	Date Received:
Human Resources (name):	Date Received: