WORKPLACE BULLYING AND HARASSMENT COMPLAINT FORM

Please refer to Administrative Procedure 520 – Respectful Workplace – Reporting, Investigation and Resolution Procedures.

Name and contact information of worker who has allegedly experienced workplace harassment (your name):

Name(s) of alleged harasser(s) and contact information, if available:

Details of the complaint of workplace harassment

Please describe in as much detail as possible the bullying and harassment incident(s), including: (a) the names of the parties involved; (b) any witnesses to the incident(s); (c) the location, date and time of the incident(s); (d) details about the incident(s) (behaviour and/or words used); (e) any additional details. (Attach additional pages if required)

Relevant documents/evidence

Attach any supporting documents, such as emails, handwritten notes, or photographs. Physical evidence, such as vandalized personal belongings, can also be submitted. If you are not able to attach documents, and they are relevant to your complaint, please list the documents below. If someone else has relevant documents, please note that below.

Signature: _____

Date: _____