

The purpose of the Respectful Workplace Policy is to address complaints of offensive behaviour in the workplace such as discrimination, personal and sexual harassment. If you feel you have experienced or witnessed any type of offensive behaviour in your workplace, fill out this form to the best of your ability and forward it along to the Respectful Workplace Coordinator. Please print clearly.

Today's Date: _____
dd/mm/yyyy

COMPLAINANT INFORMATION

Complainant refers to the employee making the allegation.

Name: _____
Last Name First Name Initial

Title: _____ Department: _____

Contact Information: _____
Work Telephone No. Home Telephone No.

Email Address

Mailing Address

Mailing Address

Additional Information

Director/Manager's Name: _____
Last Name First Name

Title: _____ Work Phone No.: _____

Supervisor's Name: _____
Last Name First Name

Title: _____ Work Phone No.: _____

RESPONDENT INFORMATION

Respondent refers to the subject of the allegation.

Name: _____
Last Name *First Name*

Title: _____ Department: _____

Contact Information: _____
Work Telephone No. *Home Telephone No.*

Email Address

Additional Information

Director/Manager's Name: _____
Last Name *First Name*

Title: _____ Work Phone No.: _____

Supervisor's Name: _____
Last Name *First Name*

Title: _____ Work Phone No.: _____

INITIATOR INFORMATION

**Initiator refers to the employee who originally identified the offensive behaviour.
This section is only to be filled out if different from complainant.**

Name: _____
Last Name *First Name*

Title: _____ Department: _____

Contact Information: _____
Work Telephone No. *Home Telephone No.*

Email Address

TYPE OF BEHAVIOUR

Select the type of harassment that best describes what you experienced/witnessed. Check all that apply.

☐ **Discrimination**

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Age | <input type="checkbox"/> Colour | <input type="checkbox"/> Creed | <input type="checkbox"/> Ethnic, national or aboriginal origin |
| <input type="checkbox"/> Family status | <input type="checkbox"/> Irrational fear of contracting an illness or disease | <input type="checkbox"/> Marital status | <input type="checkbox"/> Mental disability |
| <input type="checkbox"/> Physical disability | <input type="checkbox"/> Political belief, affiliation or activity | <input type="checkbox"/> Race | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Sex/Gender | <input type="checkbox"/> Sexual orientation | <input type="checkbox"/> Source of income | <input type="checkbox"/> Association with an individual(s) having characteristics from this list |

☐ **Personal Harassment**

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Blocking applications for training, leave or promotion | <input type="checkbox"/> Inappropriate or offensive images, jokes or stories – verbal or written | <input type="checkbox"/> Intimidation | <input type="checkbox"/> Isolation or exclusion |
| <input type="checkbox"/> Overworked | <input type="checkbox"/> Physical abuse | <input type="checkbox"/> Subject of rumours or gossip | <input type="checkbox"/> Subject of spying or stalking |
| <input type="checkbox"/> Subject of threats | <input type="checkbox"/> Undermining or deliberate changes to work duties/deadlines | <input type="checkbox"/> Underworked | <input type="checkbox"/> Unwarranted punishment |
| <input type="checkbox"/> Other, please specify: _____ | | | |

☐ **Sexual Harassment**

INFORMATION ON ISSUE(S) OR INCIDENT(S)

Initial issue/incident occurrence date: _____

Describe the occurrence and include all other dates, times, locations, witnesses, etc.:

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Have you documented any of this information? ☐ Yes ☐ No

Is this information attached? ☐ Yes ☐ No

Have you discussed the situation with the respondent? ☐ Yes ☐ No

Have you discussed the situation with your manager, HR professional or someone in authority? ☐ Yes ☐ No

What was the result of these interactions?

Do you have any ideas on how your complaint could be resolved?

Have you used any other avenues to resolve the situation? ☐ Yes ☐ No

If yes, please specify:

- ☐ Collective Agreement/Grievance ☐ Human Rights Commission
☐ Occupational Health & Safety Act ☐ Violence in the Workplace Regulations
☐ Other, please specify: _____

How did you learn about filing a complaint under the Respectful Workplace Policy?

- ☐ Respectful Workplace Brochure ☐ Respectful Workplace Policy
☐ Training ☐ Website
☐ Employee Assessment Program (EAP)
☐ Other, please specify: _____

CONFIDENTIALITY – For this level of action, only those directly involved will be informed of the complaint

Upon completion, please mail to:

Respectful Workplace Coordinator
P.O. Box 943
Halifax, Nova Scotia, B3J 2V9

Date received: _____

If you need assistance completing this form, please contact the Respectful Workplace office at 1-888-465-2444 (toll free) or, if you are in Halifax, 424-2741 or 424-8926