



**HUMAN RIGHTS OR WORKPLACE BULLYING AND HARASSMENT
COMPLAINT FORM**

Please print or write legibly. Please keep your contact information current.

COMPLAINANT (PERSON MAKING THE COMPLAINT)

1ST PARTY - PERCEIVED TARGET

Name:	
Title:	

Contact Information

Email:			
Phone:			
Outlook Calendar?			
Department:			
Contact Preference:			
Please do <u>not</u> contact me by:			

Position with the University

1st Party
<input type="checkbox"/> Canadian Union of Public Employees, Local 1858 (CUPE)
<input type="checkbox"/> BC Government and Service Employees' Union (BCGEU)
<input type="checkbox"/> Vancouver Island University Faculty Association (VIUFA)
<input type="checkbox"/> Faculty:
<input type="checkbox"/> Administrator
<input type="checkbox"/> Student <i>(Note: Students alleging bullying and harassment by another student, please contact Student Affairs.)</i>
<input type="checkbox"/> Contractor
<input type="checkbox"/> Member of Public
<input type="checkbox"/> Other

FOR OFFICE USE	
COMPLAINANT	
RESPONDENT	

If you are a *witness* to discrimination or bullying and harassment, please put your name below and the name of the perceived target above.

3RD PARTY - REPORTER (E.G. WITNESS OR SUPERVISOR)

Name:	
Title:	

Contact Information

Email:	
Phone:	
Outlook Calendar?	
Department:	
Contact Preference:	

Position with the University

3rd Party
<input type="checkbox"/> Canadian Union of Public Employees, Local 1858 (CUPE)
<input type="checkbox"/> BC Government and Service Employees’ Union (BCGEU)
<input type="checkbox"/> Vancouver Island University Faculty Association (VIUFA)
<input type="checkbox"/> Faculty:
<input type="checkbox"/> Administrator
<input type="checkbox"/> Student
<input type="checkbox"/> Contractor
<input type="checkbox"/> Member of Public
<input type="checkbox"/> Other:

RESPONDENT (PERSON COMPLAINT IS ABOUT)

Name:	
Title:	

Contact Information

Email:	
Phone:	
Department:	

Position with the University

<input type="checkbox"/> Canadian Union of Public Employees, Local 1858 (CUPE)
<input type="checkbox"/> BC Government and Service Employees’ Union (BCGEU)
<input type="checkbox"/> Vancouver Island University Faculty Association (VIUFA)
<input type="checkbox"/> Faculty:
<input type="checkbox"/> Administrator
<input type="checkbox"/> Student <i>(Note: Students alleging bullying and harassment by another student, please contact Student Affairs.)</i>
<input type="checkbox"/> Contractor
<input type="checkbox"/> Member of Public
<input type="checkbox"/> Other:

DEFINITIONS

“Discrimination”

Discrimination is a distinction which, whether intentional or not but based on grounds relating to personal characteristics of the individual or group, has an effect which imposes disadvantages not imposed upon others or which withholds or limits access to advantages available to other members of society.

“Bullying and Harassment”

- (a) **includes** any inappropriate conduct or comment by a person towards a worker that the person knew or reasonably ought to have known would cause that worker to be humiliated or intimidated, but
- (b) **excludes** any reasonable action taken by an employer or supervisor relating to the management and direction of workers or the place of employment.

AREA OF COMPLAINT

I have reviewed policies: 21.03 - HUMAN RIGHTS POLICY and/or 21.05 – PERSONAL HARASSMENT POLICY and procedures, and I believe the following applies:

<input type="checkbox"/> Discrimination	<input type="checkbox"/> Harassment
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Discrimination – Protected Ground(s)

<input type="checkbox"/> Race/Colour
<input type="checkbox"/> Ancestry/Place of Origin
<input type="checkbox"/> Religion
<input type="checkbox"/> Marital Status
<input type="checkbox"/> Family Status
<input type="checkbox"/> Physical Disability
<input type="checkbox"/> Mental Disability
<input type="checkbox"/> Sex
<input type="checkbox"/> Sexual Orientation
<input type="checkbox"/> Gender Identity or Expression
<input type="checkbox"/> Age
<input type="checkbox"/> Systemic Discrimination or Toxic Workplace or Learning Environment
In the Area of Employment or Intended Employment:
<input type="checkbox"/> Political Belief
<input type="checkbox"/> Conviction of Criminal or Summary Conviction Offence Unrelated to Employment or Intended Employment

Harassment

<input type="checkbox"/> Sexual Harassment
<input type="checkbox"/> Personal Harassment/Bullying

Retaliation

<input type="checkbox"/> Retaliation for participating in a Human Rights or Bullying and Harassment Complaint

Frivolous or vexatious complaint with malicious intent

<input type="checkbox"/> Frivolous or vexatious complaint against you with malicious intent

PERSONAL STATEMENT - SUMMARY

When concerns of harassment or discrimination arise, it is important to document what is happening as proper documentation is essential to case resolution. Documentation of a complaint should be clear and detailed, answer the W5H questions (who, what, when, where, why, and how), and events noted in a chronological order. Please use the Chronology Worksheet at the end of this form to assist you in documenting the incidents of concern. If you believe that someone made a frivolous or vexatious complaint about you, please explain what happened and why you think that there was malicious intent.

1. DATE(S) & TIME(S)

Please describe when the incident(s) occurred, including the duration. Please advise whether the conduct or comments are still occurring.

2. LOCATION

Please describe where the incident(s) occurred (e.g., office, cafeteria, parking lot, social function), including the medium of communication of harassment or bullying:

- *verbal,*
- *non-verbal (e.g., gestures and physical contact),*
- *written (including e-mail), etc.*

3. FACTS

Please describe in as much detail as possible what happened during the incident(s). Please detail the **conduct and/or comments** by the Respondent(s), including specific actions taken and/or words used by the Respondent (e.g., sent e-mail or a letter, made harassing comments, etc.)

4. IMPACT

Please describe how the incident(s) made you feel, i.e., affected you emotionally, mentally, physically.

5. PRIOR REPORTING

Please list the names and contact information for any person who was told about the incident(s).

6. ATTEMPTED REMEDIAL MEASURES

Please detail what attempts, if any, have been made to remedy the situation. What steps have been taken to stop the discrimination or harassment or bullying? If action has been taken, please specify the steps taken to rectify the situation or to resolve this problem. Please also advise of any other proceedings that you have commenced, e.g., grievance proceedings. If you are unable to work, please contact your Human Resources Advisor.

7. ADDITIONAL DETAILS

Please list anything else that is important for us to know or that would help with an investigation

8. TIME-SENSITIVITY

If you believe this matter to be urgent, please explain why.

9. OBJECTIVE/OUTCOME/REMEDY SOUGHT

Please specify what you think might help address your concerns.

10. RESOLUTION PROCESS

Please indicate how you think this matter may be resolved and provide the reason for your perspective.

11. EVIDENCE

Please attach any supporting documents, such as emails, handwritten notes, or photographs. Please also submit physical evidence, such as vandalized personal belongings.

12. WITNESSES

Please list the names and contact information for any witnesses to the incident(s) or the Respondent’s behaviour.

Witness - Name	Contact Information (Phone & Email)

13. INSTITUTIONAL MATTERS (POLICY, PROCEDURE, PRACTICE)

If you believe that the matter of concern is systemic in nature (e.g., poisoned work environment), please indicate which policy, procedure or practice you believe leads to discrimination or bullying/harassment and explain why you think this is the case.

By signing this Complaint Form, you are stating that the information you provided is all relevant information, and that it is true, to the best of your knowledge and belief. If you add extra pages, please sign, date and number each additional page. You are also confirming that you have requested the assistance of the Human Rights and Respectful Workplace Office to resolve your concern, that you authorize the Human Rights and Respectful Workplace Office to gain access to all information and discuss any matters with respect or relevant to this complaint in the possession of Vancouver Island University. You confirm that you have requested the Human Rights and Respectful Workplace Office to assess your complaint and that you understand that, if your complaint is accepted, a case file will be created and a copy of your complaint will be sent to the Respondent.

Signature	Date
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CHRONOLOGY

Date, time, location	People involved (include witnesses)	Describe the situation (words, tone, actions, etc.) and the impact (humiliated, intimidated, etc.)