



Private and Confidential

**SAFE WORKPLACE – Workplace Harassment Complaint Form**  
-PROCEDURE 226

**Instructions For completion and handling:**

- All persons working for the UCDSB are entitled to utilize this complaint form. Complainants may seek assistance before completing this form.
- Place the completed form in a sealed envelope marked "Private and Confidential". Forward completed form to Superintendent of Human Resources.
- A copy should be retained by the complainant

**Complaint Type:**

This complaint is being made as a result of:  Harassment (Ontario Human Rights Code)  
 Objectionable Behaviour  Workplace Harassment (Occupational Health & Safety Act)

**NAME OF COMPLAINANT:** \_\_\_\_\_ **EMPLOYEE ID :** \_\_\_\_\_

**Name of individual(s) who is subject of the complaint:** \_\_\_\_\_

UCDSB employee? Yes No - If not UCDSB employee, identify as visitor contractor other (specify)

**INCIDENT DETAILS**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

**Description of alleged objectionable behavior (Attach further information if required):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Has the complaint been reported previously?** Yes No

*If yes, please describe to whom, and what action was taken.*

**(Attach further information if required)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**List Witness(es) to the Conduct being investigated:**

Name:1. \_\_\_\_\_ Location: \_\_\_\_\_ Home/Work Phone: \_\_\_\_\_  
Name:2. \_\_\_\_\_ Location: \_\_\_\_\_ Home/Work Phone: \_\_\_\_\_

**If complainant and respondent are both teachers, has the complainant met the reporting Obligations of Section 18 (1) of the Teaching Profession Act?** Yes No

*If yes, please attach a copy of the written statement that you gave to the respondent*

*The information contained in this form is of a highly confidential nature and will be protected in accordance with the provisions of the **Municipal Freedom of Information and Protection of Privacy Act.***

*This form and any attachments will be copied to the respondent(s) named above, in accordance with the Formal Complaint Process.*

My signature indicates that I have read and understand the Safe Workplace - Workplace Harassment Policy and Procedures. I understand that my complaint will undergo a threshold assessment and may be subject to a formal investigation.

**Complainant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_