

Respectful Workplace Formal Complaint Form

For Office Use Only**Complaint:****Department/Agency:****Date Filed:****Complaint Number:**

If you believe you have experienced or witnessed offensive behaviour (discrimination, harassment, sexual harassment) in the workplace, you may complete this form and forward it to:

**Respectful Workplace Coordinator
Public Service Commission, World Trade & Convention Centre
1800 Argyle Street, P.O. Box 943
Halifax, N.S., B3J 2V9
Phone (902) 424-2741
Fax (902) 424-0631**

Please mark envelope “confidential” and print clearly.

Please note:

The decision to file a formal Respectful Workplace complaint is a serious one; complaints should be undertaken with great care. All information regarding a complaint is to be treated as confidential and disclosed on a need to know basis, only.

If you have questions about completing this form, please contact the Respectful Workplace Office or consult a Human Resource Professional.

Section A:
Complainant Information

Please complete the following section, providing information you would like the Respectful Workplace Office to use to contact you in relation to your complaint.

Name (First & Last): _____

Position Title: _____

Department/Division: _____

Manager's Name & Division: _____

Phone Number: _____

Alternate Phone Number (optional): _____

E-Mail Address: _____

Alternate E-Mail Address (optional): _____

Mailing Address: _____

Alternate Mailing Address (optional): _____

**Section B:
Respondent Information**

Please complete and attach one "Section B" Page for each Respondent involved in your complaint.

Name (First & Last): _____

Position Title: _____

Department/Division: _____

Manager's Name & Division: _____

Work Phone Number (If Known): _____

Work E-Mail Address (If Known): _____

Work Mailing Address (If Known): _____

*Please select **one** of the following:*

The Respondent is my direct supervisor: Yes ☐ No ☐

Section C: Your Complaint

What form(s) of offensive behaviour are you alleging to have experienced and/or witnessed from the Respondent?

Please check **all** that apply.

Discrimination ☐

Harassment ☐

Sexual Harassment ☐

If you have selected “Discrimination,” please select the applicable ground(s) of discrimination from the list below.

Please check **all** that apply.

Age ☐

Colour ☐

Creed ☐

Ethnic, National or Aboriginal Origin ☐

Family Status ☐

Gender Expression ☐

Gender Identity ☐

Irrational Fear of Contracting an Illness/Disease ☐

Marital Status ☐

Mental Disability ☐

Physical Disability ☐

Political Belief, Affiliation, or Activity ☐

Race ☐

Religion ☐

Sex/Gender ☐

Sexual Orientation ☐

Source of Income ☐

Association with Individual(s) Having Characteristics from This List ☐

Section C:
Your Complaint Continued

Date the offensive behaviour first occurred: _____

Please list other individuals who have been closely involved as a:

1. Person experiencing offensive behaviour
2. Witness
3. Manager
4. Human Resource Professional
5. Other

What is the current status of this offensive behaviour? (Ongoing, Escalating, Stopped, etc.)?

**Section D:
Resolution**

What has been done, to date, to try to resolve this matter and by whom?

What was the outcome of this (if applicable)?

Have you filed a complaint related to this matter pursuant to another process (e.g. grievance, human rights complaint)?

Please suggest how you think this complaint could be resolved.

1.

2.

The information in this complaint is true to the best of my knowledge. I understand the information provided will be used and shared by the Public Service Commission, as required by law and by the Respectful Workplace Policy.

Complainant Signature

Date