

GENERAL COMPLAINT FORM
WORKPLACE HARASSMENT & DISCRIMINATION REPORTING FORM
PRIVATE AND CONFIDENTIAL

Instructions:

If you would like to submit a formal report of harassment, discrimination, other objectionable behavior, or complaints; please complete the form below. Once completed, please place in a sealed envelope, marked "Private and Confidential" and send or hand deliver to the attention of the Supervisor, Executive Director or Chairman of the Board. The information contained in this form is confidential and every reasonable step will be taken to maintain confidentiality 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 within, in accordance with the Formal Reporting process.

WORKPLACE HARASSMENT & DISCRIMINATION REPORTING FORM

PART 1 – INCIDENT DETAILS (to be completed by party reporting incident)		
Date of report		
Reporter's name (First & Last)		
Reporter's Position		
Reporter's Contact information		
Location of incident		
Date of incident		
Time of incident	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Do Not Recall	
Complainant's name (First & Last)		
Relationship to (co. name)		
Complainant's Position		
Contact information		
Additional witnesses	Name	Contact Information
	Position	Contact Information
	Name	Contact Information

	Position	
Respondent's name (First & Last)		
Respondent's Contact information		
Has Respondent been informed of unwelcome behaviour?	Yes	No
If Respondent was informed; Date Respondent was informed		
Injuries and damage	Yes	No
Were there any injuries or property damage reported?		
Medical attention/first aid obtained?		
Any time missed from work as a result of the incident?		



Describe immediate actions taken (e.g., contacted supervisor, told Respondent to stop behaviour, called 911, etc.).

Describe your recommendations for corrective and preventive actions, if any.

Reporter's signature

PART 3 – INVESTIGATION INTERVIEWS (to be completed by Investigator)	
Interviews with Complainant/ victim, alleged perpetrator and witness shall be conducted where possible. Where such interviews are not conducted this report shall indicate why.	
Name of person interviewed	
Event role (Complainant/ victim, alleged perpetrator or witness)	
Person conducting the interview	
Date of interview	
<div style="text-align: center; margin-bottom: 10px;">Interview Notes</div>	



PART 4 – OTHER INFORMATION PERTINENT (to be completed by Investigator)

Identify pertinent information possibly including but not limited to:

- Police report
- Violence risks and controls from risk assessment
- Past incidents
- Worker training??



PART 5 – INVESTIGATION CONCLUSIONS (to be completed by Investigator)			
<i>Based on the evidence revealed on investigation, it is the opinion of the investigator that:</i>			
<i>the reported incident of</i> (circle one)	workplace violence	workplace harassment	workplace sexual harassment
	Objectionable Behavior	Other – Specify:	
<i>was</i> (circle one)	adequately substantiated	not adequately substantiated	fabricated with malicious intent
Additional comments from Investigator			



PART 6 – CORRECTIVE AND PREVENTIVE ACTIONS (to be completed by Investigator)			
Actions	Responsible	Target Date	Completion Date

PART 7 – COMMUNICATION OF RESULTS			
Party	Name	Signature	Date
Investigator			
Complainant/ Victim			
Respondent/ Alleged perpetrator			

Note: This form template and information was obtained from Workplace Safety & Prevention Services (WSPS)
<https://www.wsps.ca/About-Us/Overview>
 Some information for this form was also obtained from the Workplace Harassment & Discrimination Reporting Form,
 CUPE 1480