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APPENDIX B - WORKPLACE HARASSMENT COMPLAINT FORM

Date: _____

Your name, position, and contact information: _____

Have you been harassed? _____

OR did you witness what you are about to report? _____

Name(s) of alleged harasser(s), and position and contact information if available:

_____

_____

Details of the complaint of workplace harassment: Please describe in as much detail as possible the harassment incident(s), including: (a) the names of the parties involved; (b) any witnesses to the incident(s); (c) the location, date, and time of the incident(s); (d) details about the incident(s) (behaviour and/or words used); (e) any additional details. Attach additional pages if required.

_____

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Relevant documents/evidence: Attach any supporting documents, such as emails, handwritten notes, or photographs. Physical evidence, such as vandalized personal belongings, can also be submitted. If you are not able to attach documents and they are relevant to your complaint, please list the documents below. If someone else has relevant documents, please note that below.

_____

_____

_____

Name and Signature of Complainant: _____

Date complaint received by Executive Director or President: _____