***Upon completion, this form is to be submitted to Human Resources.***

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **WORKER / COMPLAINANT INORMATION** | | | | | | | | | | |
| **Last Name:** | | | | | **First Name:** | | | **Department:** | | |
| **Position / Job:** | | | | | | | | **Phone #/Ext:** | | |
| **RESPONDENT INFORMATION** | | | | | | | | | | |
| **Name of Respondent:** | | | | | | | | **Respondent’s Department (if applicable):** | | |
| **Respondent’s Position / Job (if applicable):** | | | | | | | | **Respondent’s Phone #/Ext:** | | |
| **Relationship between the Complainant and Respondent, if any (e.g. co-worker, student, client, member of public):** | | | | | | | | | | |
| **COMPLAINANT’S DESCRIPTION OF THE INCIDENT** | | | | | | | | | | |
| **Date of Incident:** | **Time of Incident:**         AM  PM | | | | | **Exact location of incident (incl. building & room # if applicable):** | | | | |
| **Reported To:** | | **Reported Date:** | | | | | | **Reported Time:**         AM  PM | | |
| **Reported As:**  Harassment  Violence | | | | | | | | | | |
| **Complainant’s detailed explanation of events in order of sequence of occurrence.**  In the space below, describe each event as complete as possible, including the following detailed information:  Details of incident(s), including behaviour and/or words used;  Who was involved;  Location, date and time of any other related incident(s);  Attach any documents that you wish to provide in support of your complaint. Please use additional pages, if necessary. | | | | | | | | | | |
|  | | | | | | | | | | |
| **Supporting documentation attached (e.g. photos, emails, notes)?**  **NO**  **YES – Specify:** | | | | | | | | | | |
| **WITNESS INFORMATION (If any)** | | | | | | | | | | |
| 1. **Name:** | | | **Dept:** | | | | **Phone Ext:** | | | **Location & date of incident:** |
| 1. **Name:** | | | **Dept:** | | | | **Phone Ext:** | | | **Location & date of incident:** |
| 1. **Name:** | | | **Dept:** | | | | **Phone Ext:** | | | **Location & date of incident:** |
| **REPORT DETAILS** | | | | | | | | | | |
| **Date of Report:** | | | | **Report Completed by:** | | | | | **Department / Phone Ext:** | |
| **Attachments to Report?:**  No  Yes;  # of pages | | | | | | | | | | |