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

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| **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  |