CATHOLIC DISTRICT SCHOOL BOARD OF EASTERN ONTARIO

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APPENDIX A – WORKPLACE HARASSMENT COMPLAINT FORM

INSTRUCTIONS FOR SUBMITTING THIS FORM:

This form should be completed by the complainant and sent to the Superintendent of Human Resources or designate by way of email or mail. The communication should be marked "private and confidential."

A. COMPLAINANT INFORMATION	*(Discrimination and/or harassment was directed towards)*
Name of Complainant:	
Title/Position:	
Worksite:	
Principal/Supervisor/Manager's Name:	
Principal/Supervisor/Manager's Position	
Supervisor Work Phone:	

B. RESPONDENT INFORMATION	*(Discrimination and/or harassment was directed by)*
Name of Respondent:	
Title/Position:	
Worksite:	
Relationship to Complainant:	

C. INITIATOR INFORMATION	*(Complete this section only if the employee who initially identified the offensive behaviour is different from the complainant)*
Name of Person Making the Report:	
Title/Position:	
Worksite:	

INFORMATION REGARDING COMPLAINT

a. Was the respondent advised that the behaviour was unwelcome? ❑ Yes ❑ No

b. Date Complainant advised Respondent that the behaviour was unwelcome: _____

COMPLAINT

Describe the alleged discrimination/harassment. Set out all the facts, in chronological order, on which the complaint is based. Include dates, times, locations, the identity of witnesses, and a description of the steps already taken to resolve the matter. Attach additional pages if necessary.

RESOLUTION REQUESTED

Explain the resolution you believe would resolve this matter.

COMPLAINANT ACKNOWLEDGEMENT

I acknowledge having read the Workplace Harassment Prevention Administrative Procedure. I hereby certify that, to the best of my knowledge, the above-mentioned information is true, accurate and complete. I understand that making false or frivolous allegations is in violation of this administrative procedure and is subject to disciplinary sanctions.

Complainant/Initiator Signature: _____ Date: _____

INFORMATION COLLECTION AUTHORIZATION:

The personal information contained on this form has been collected under the authority of the Occupational Health and Safety Act, the Municipal Freedom of Information and Protection of Privacy Act, and the Personal Health Information Privacy Act, and will be used to investigate incidents of workplace violence.

The form will be handled with the strictest confidence, stored in the Human Resources Department, and retained for a three-year period.