|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Personal Information of Person Filing the Complaint** | | | | | |
| Name: | | | | | Employee ID Number: |
| Department: | | Supervisor: | | | |
| Work Extension: | | Other Contact Numbers (i.e. cell or home number): | | | |
| Contact E-mail: | |
| **Nature of the Complaint** | | | | | |
| □ Human Rights Code Discrimination (please specify on what grounds below – check all that apply): | | | | | |
| □ Age | □ Record of Offenses | | | | |
| □ Race | □ Sex (including Pregnancy) | | | | |
| □ Colour | □ Sexual Orientation | | | | |
| □ Ancestry | □ Gender Identity | | | | |
| □ Creed (Religion) | □ Gender Expression | | | | |
| □ Place of Origin | □ Marital Status | | | | |
| □ Ethnic Origin | □ Family Status | | | | |
| □ Citizenship | □ Disability | | | | |
| □ Personal Harassment/Bullying or Conflict | | | | | |
| □ Sexual Harassment or Sexual Assault/Violence | | | | | |
| □ Workplace Violence (check all that apply): | | | | | |
| □ Physical Assault | □ Other (please identify): | | | | |
| □ Threat(s) |  | | | | |
| **Who is the complaint being made against?** | | | | | |
| Name: | | | | Department/Organization (if available): | |
| **Incident Details** | | | | | |
| Date of Incident : | | | Time: | | |
| Location: | | | | | |
| Explain the incident using as much detail as possible. Attach additional pages if necessary: | | | | | |
| Did you tell the person to stop?   * Yes * No If no, please explain why? | | | | | |

|  |  |  |
| --- | --- | --- |
| **Who did you report the incident to?** | | |
| Name: | | |
| **Witnesses** | | |
| Name: | Contact Number: | |
| Name: | Contact Number: | |
| Name: | Contact Number: | |
| **What action or result would you like to see?** | | |
|  | | |
| **This complaint should be sent in a sealed envelope to the attention of the**  **Deputy Superintendent at Central Services.** | | |
| Signature: | | Date: |

**For Human Resources Use Only**

|  |  |
| --- | --- |
| Date Received: |  |
| Assigned to: |  |
| Investigation Commenced: |  |
| If no investigation why not? |  |
| Outcome: | * Complaint Substantiated * Complaint Not Substantiated |
| Disposition: |  |
|  |
| Date File Closed: |  |
| Signature: |  |