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| **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?
 |

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| **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**

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