



## WORKPLACE HARASSMENT COMPLAINT FORM

Workplace Harassment is any course of vexatious comment or conduct against a worker that is known or ought reasonably to be known to be unwelcome.

### COMPLAINANT INFORMATION

*Complainant refers to the employee making the allegation.*

Name:

Site:

### RESPONDENTS INFORMATION

*Respondent refers to the subject of the allegation.*

Name:

Site:

Department:

### TYPE OF BEHAVIOUR

*Select the type of harassment/violence that best describes what you experienced/witnessed.  
Please check all that apply.*

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Discrimination     | <input type="checkbox"/> Personal Harassment | <input type="checkbox"/> Sexual Harassment |
| <input type="checkbox"/> Bullying           | <input type="checkbox"/> Physical Abuse      | <input type="checkbox"/> Intimidation      |
| <input type="checkbox"/> Abuse of Authority | <input type="checkbox"/> Threats of Violence |  |

## DETAILS OF THE COMPLAINT

Initial issue/incident occurrence date:

Describe the occurrence and include all other dates, times, locations, witnesses, etc.:

### **Information will be provided during interview.**

Have you documented any of this information?       Yes       No

Is this information attached?       Yes       No

Have you discussed the situation with the respondent?       Yes       No

Have you discussed the situation with your supervisor?  
Manager, HR professional or someone in authority?       Yes       No

What was the result of these interactions?

Have you used any other avenues to resolve the situation?       Yes       No

If yes, please specify:

Please describe the effects of the harassment has had on you personally?

Have you been required to seek medical attention?    \_\_\_ Yes                    \_\_\_ No

If yes, please identify medical personnel contacted:

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Is there anything further you would like to add to this    \_\_\_ Yes            \_\_\_ No  
complaint?

If yes, please specify:

That the Company jointly investigate with the Union my complaint and end the ongoing harassment and bullying.

*I certify that to the best of my knowledge the information that I have provided is accurate and the events and circumstances are as I have described them.*

*I have attached to this complaint any supportive evidence and/or documentation which I believe supports my allegation. I also understand and consent to the disclosure of information contained in this complaint to appropriate administrators and witnesses interviewed for the purpose of investigating this complaint. I am willing to cooperate fully in the investigation and provide whatever evidence the Company deems relevant.*

*I understand that the nature of this complaint, correspondence, and all discussions conducted in the course of investigation of the information contained in this complaint are confidential to the extent permitted by law and unauthorized disclosures of information concerning the investigation could result in disciplinary action.*

*I agree to abide by these guidelines.*

**Signature of Complainant**

**Date**