

**To be completed by the person reporting an incident (complainant) of potential disrespectful behaviour in the workplace.**

**This document is to remain private and confidential.**

Date		
Complainant Name		
Department/Unit		
Who is the complaint filed against (respondent)? <b>Separate forms must be completed if more than one respondent is named.</b>	Name:	Position:

**In your own words, please explain the details of your complaint. If you require more space, attach additional pages to this form.**  
**Include as much relevant detail as possible, including dates, times, places, name of person(s) directly involved, names of witnesses, etc.**

**Please describe what actions, if any, that you have taken to try to resolve the issue.**

**What Resolution are you seeking?**

Complainant Signature

Date

**Please note:**

1. Filing this complaint does not guarantee that an investigation will occur. The complaint will be reviewed, and an assessment made by the employer as to whether an investigation is warranted and/or whether an informal resolution process should be pursued.
2. This document and any attachments provided during the course of filing a complaint will be held in confidence. The complaint will be disclosed to the respondent named in the complaint and to the investigator who may be appointed to assist with the resolution of this complaint, as outlined in the Workplace Harassment Policy. Your signature confirms you have been made aware and give permission for the above use of this information.
3. Filing this complaint does not limit your ability to consider other options such as a complaint under the Human Rights Act or filing a grievance under a collective agreement.

**PLEASE SUBMIT COMPLETED FORM TO YOUR HUMAN RESOURCES OFFICE**