

**RESPECTFUL WORKPLACE FREE OF DISCRIMINATION AND HARASSMENT FORM  
PRIVATE AND CONFIDENTIAL**

Complainants may seek assistance before completing this form from their Supervisor, Human Resources (Labour Relations and Workplace Investigations Officer ext. 3355) or their Union.

Name of Complainant:

\_\_\_\_\_

School/Department/Work Site:

\_\_\_\_\_

Status of Complainant:

Student

Employee

Job Title: \_\_\_\_\_

Other

\_\_\_\_\_

Please specify the applicable complaint below and provide a description of the alleged concerns:

Disrespectful Conduct

Discrimination

Harassment

Name(s) of Person(s) Accused of Disrespectful Conduct, Discrimination or Harassment:

Date(s) of Incident(s) or Time Frame and Location of Incident: \_\_\_\_\_

Has this complaint been reported previously? If so, to whom, and what actions were taken?

Resolution Requested: \_\_\_\_\_

Complainant(s) Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

*The information contained in this form is of a highly confidential nature and will be protected in accordance with Section 5.6 of the [Respectful Workplace Free of Discrimination and Harassment Administrative Procedure](#)*

**PLACE THIS FORM IN A SEALED ENVELOPE ADDRESSED TO THE LABOUR RELATIONS AND WORKPLACE INVESTIGATIONS OFFICER, HUMAN RESOURCES DEPARTMENT**