[ ] Form #

**Formal Harassment Complaint Form**

Complainant Information:

Name: Phone Number: Work Location: Job Title:

Supervisor Name: Phone Number:

Witness Information:

List of names of possible witnesses.

|  |  |  |
| --- | --- | --- |
| Name | Position | Contact Phone Number |
|  |  |  |
|  |  |  |
|  |  |  |

Information about the individual(s) you feel has/have harassed you:

Name of person(s) against whom this complaint is made:

Date of incident (dd/mm/yyyy):

**In your opinion is the harassment based on any of the following?** Check the boxes that apply to your situation.

|  |  |  |
| --- | --- | --- |
| [ ] Sexual Orientation [ ] Nationality [ ] Place of Origin [ ] Physical Weight/Height [ ] Marital Status  | [ ] Religion [ ] Disability [ ] Family Status [ ] Colour [ ] Ancestry  | [ ] Sex [ ] Age [ ] Creed [ ] Race [ ] None of the Above |

**If not based on any of the above grounds, is the harassment based on ether of the following:**

1. Repeated incidents that have caused you to be humiliated or intimidated. Yes [ ]  No [ ]

OR

1. A single serious incident that has had a lasting harmful effect on you. Yes [ ]  No [ ]

**In your own words, describe the conduct, comments or display you found objectionable. Give details of date and location of the incident(s) that is/are the basis of your complaint.**

What type of resolution do you seek?*(e.g., supervisor to direct or counsel person to correct conduct; facilitated meeting with alleged harasser; apology; workshops or training sessions; mediations; or other)*

I hereby confirm that the statement(s) contained in this complaint are true to the best of my knowledge. I understand that a copy of this complaint will be provided to the alleged harasser for the purpose of investigating this complaint.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date (dd/mm/yyyy): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I acknowledge receipt of this complaint:

Supervisor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date (dd/mm/yyyy): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_