Worker Harassment/Discrimination/Bullying Complaint Form

Worker (Complainant) Information

First Name	Last Name
Telephone Number	Alternative Telephone Number
Email	Work Location

Details of Person(s) Involved in the Complaint

Person 1

First Name		Last Name
Telephone Number	Alternative Telephone Number	Work Email

☐ Respondent (alleged to have engaged in wrongdoing)
☐ Witness
☐ Other:______________________________

Person 2

First Name		Last Name
Telephone Number	Alternative Telephone Number	Work Email

☐ Respondent (alleged to have engaged in wrongdoing)
☐ Witness
☐ Other:______________________________

Details of Person(s) Involved in the Complaint (Continued)

Person 3

First Name		Last Name
Telephone Number	Alternative Telephone Number	Work Email

☐ Respondent (alleged to have engaged in wrongdoing)
☐ Witness
☐ Other:______________________________

Person 4

First Name		Last Name
Telephone Number	Alternative Telephone Number	Work Email

☐ Respondent (alleged to have engaged in wrongdoing)
☐ Witness
☐ Other:______________________________

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Complaint Details

Include dates, times, and details of the incident(s) and behaviours and/or words used.
Attach additional pages if necessary.

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Complaint Ground (check all that apply):	
☐ Age	☐ Record of Offence
☐ Ancestry	☐ Reprisal
☐ Citizenship	☐ Sex (including Pregnancy & Breastfeeding)
☐ Colour	☐ Sexual Orientation
☐ Creed/Religion	☐ Sexual harassment (Sex)
☐ Disability	☐ Sexual harassment (Sexual orientation)
☐ Ethnic Origin	☐ Sexual harassment (Gender Identity)
☐ Family Status	☐ Sexual harassment (Gender Expression)
☐ Gender Expression	☐ Workplace Harassment
☐ Gender Identity	☐ Level of Literacy
☐ Marital Status	☐ Membership in a Union or Staff Association
☐ Place of Origin	☐ Political Affiliation
☐ Race	☐ None of the above:________________________
Employee (Complainant) Signature	Date (yyyy-mm-dd)