

RESPECTFUL WORKPLACE COMPLAINT FORM

PLEASE PRINT ALL INFORMATION

PERSONAL INFORMATION (Form to be	completed	by complainant)			
SURNAME		GIVEN NAME(S)			
TELEPHONE (WORK)		TELEPHONE (HOME)			
DEPARTMENT SUPERVISO		3	UNION		
NATURE OF COMPLAINT: HARASS (Please complete the corresponding po					
TYPE OF COMPLAINT (Please check one or mor	e of the following	ng.)			
☐ RACE ☐ NATIONAL OR E☐ COLOUR ☐ RELIGION☐ MARITAL STATUS ☐ PHYSI☐ OTHER	□AGE CAL/MENTAL	□SEX : GENDER/ SEXUALA DISABILITY □POLITICAL BEL	EXUAL ORIENTATION IDVANCE IEFS/ASSOCIATION/ACTIVITY		
DATE AND TIME OF INCIDENT		LOCATION			
COMPLAINT AGAINST : NAME & JOB TITLE		1			
DESCRIPTION OF THE INCIDENT (Attach additi	onal sheets if re	equired.)			
DID ANYONE WITNESS THIS INCIDENT? WOULD THEY BE WILLING TO BE INTERVIEW. HAVE THERE BEEN PREVIOUS INCIDENTS IN Note: Please attach list of witnesses with names,	IVOLVING THIS		YES YES YES	NO NO NO	

	<u> </u>		
ONFLICT WITH : NAME & JOB TITLE			
ESCRIPTION OF ANY RELATED INCIDENTS (Attach addi	itional sheets if required.)		
ID ANYONE WITNESS THIS INCIDENT/S?		YES	NO
OULD THEY BE WILLING TO BE INTERVIEWED?		YES	NO
HAVE THERE BEEN PREVIOUS INCIDENTS INVOLVING THIS PERSON?		YES	NO
ote: Please attach list of witnesses with names, telephone of	& job titles.		
RT C: FORM SUBMISSION (Please complete			
ORM HAS BEEN SUBMITTED TO (Please check one of the	ne following.)		
□SUPERVISOR	□UNION REPRESENTATIVE		
□DEPARTMENT HEAD	□HUMAN RESOURCES		
C:			
AME:			
HEREBY CERTIEV THAT THE INFORMATION CIVEN IN	THE FORM IS TRUE CORRECT AND COMP	LETE TO THE DEST	OF MV
HEREBY CERTIFY THAT THE INFORMATION GIVEN IN $^\circ$ NOWLEDGE.	THIS FORM IS TRUE, CORRECT AND COMP	LETE TO THE BEST (OF IVIT