

**FORM A**



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**WORKPLACE HARASSMENT FORMAL COMPLAINT FORM**

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**COMPLAINANT INFORMATION**

*Discrimination and/or harassment was directed towards*

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Name of Complainant:

Title/Position:

Worksite:

Supervisor/Manager's Name:

Supervisor Title/Position:

**RESPONDENT INFORMATION**

*Discrimination and/or harassment was directed by*

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Name of Respondent:

Title/Position:

Worksite:

**INITIATOR INFORMATION**

*Complete this section only if the employee who initially identified the offensive behavior is different from the complainant*

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Name of Person Making the Report (if different from above):

Title/Position:

Worksite:

**INFORMAL RESOLUTION**

Was the respondent advised that the behavior was unwelcome?

Date Complainant advised Respondent that the behavior was unwelcome:

Was the informal resolution process attempted?

Name of Supervisor/Manager involved in the informal resolution:

Date Complainant reported unwelcome behavior to the above noted person:

Describe the Informal Resolution attempt and why it did not resolve the matter:

## FORMAL COMPLAINT

*Describe the alleged discrimination/harassment. Provide all facts, in chronological order, on which the complaint is based. Includes dates, times, locations, the identity of witnesses, and a description of the steps already taken to resolve the matter. Attach additional pages if necessary.*

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## RESOLUTION REQUESTED

*Explain the resolution you believe would resolve this matter.*

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I acknowledge that I have read the *Workplace Harassment Policy and Administrative Procedures*. I hereby certify that to the best of my knowledge that above-mentioned information is true, accurate and complete. I understand that making false or frivolous allegations is in violation of this policy and is subject to disciplinary sanctions

Complainant/Initiator Signature:

Date:

### **Instructions for submitting this form:**

**Form is to be sent as "Private and Confidential" and forwarded directly to Senior Human Resources Personnel.....**

#### **INFORMATION COLLECTION AUTHORIZATION:**

The personal information contained on this form has been collected under the authority of the Occupational Health and Safety Act, the Municipal Freedom of Information and Protection of Privacy Act, and the Personal Health Information Privacy Act, and will be used to investigate incidents of workplace violence. The form will be handled with the strictest confidence.