

GENERAL COMPLAINT FORM

WORKPLACE HARASSMENT REPORTING FORM

PRIVATE AND CONFIDENTIAL

Instructions: If you would like to submit a formal report of harassment or other objectionable behavior, or complaints; please complete the form below. Once completed, please place in a sealed envelope, marked “Private and Confidential” and send or hand deliver to the attention of Secretary of the Board, c/o 998 Springhill Dr, Mississauga, ON, L5H 1M9. The information contained in this form is confidential and every reasonable step will be taken to maintain confidentiality in accordance with the provisions of the Municipal Freedom of Information and Protection of Privacy Act. This form and any attachments will be copied to the respondent(s) named within, in accordance with Article 5 – Conflict Resolution for Members of the Constitution.

WORKPLACE HARASSMENT REPORTING FORM

PART 1 – INCIDENT DETAILS (to be completed by party reporting incident)	
Date of report (dd/mmm/yy)	
Reporter’s name (First & Last)	
Reporter’s Position (Board Member, Member, Other)	
Reporter’s Contact information	
Location of incident	
Date of incident (dd/mmm/yy)	Time of incident AM/PM (circle one)
Complainant’s name (First & Last)	
Complainant’s Position (Board Member, Member, Other)	
Complainant’s Contact information	
Additional Witnesses (full name, contact email and/or phone number)	1)
	2)
	3)

Respondent's name (First & Last)	
Respondent's Contact information	
Has Respondent been informed of unwelcome behaviour?	YES/NO (circle one) IF YES – Date informed: (dd/mmm/yy)

PART 2 – DESCRIPTION OF INCIDENT (to be completed by party reporting incident)
Description of Alleged Harassment, Discrimination or Objectionable Conduct
In your own words, please provide detailed description of the incident based on what you experienced or was reported to you and other pertinent information
Describe immediate actions taken (e.g., contacted President of Board, told Respondent to stop behaviour, called 911, etc.).
Describe your recommendations for corrective and preventive actions, if any.
Reporter's signature:
_____ Date: _____

PART 3 – INVESTIGATION INTERVIEWS (to be completed by President or other Director as assigned)	
Interviews with Complainant/victim, alleged perpetrator and witness shall be conducted where possible. Where such interviews are not conducted this report shall indicate why.	
Name of person interviewed	
Event role (Complainant/victim, alleged perpetrator or witness)	

Person conducting the interview	
Date of interview	
Interview notes	

PART 4 – OTHER INFORMATION PERTINENT (to be completed by President or other Director as assigned)
Identify pertinent information possibly including but not limited to: <ul style="list-style-type: none"> • Police report • Past incidents • Other

PART 5 – INVESTIGATION CONCLUSIONS (to be completed by President or other Director as assigned)	
Based on the evidence revealed on investigation, it is the opinion of the President or other Director as assigned that:	
the reported incident of (circle one)	Workplace Violence Workplace Harassment Workplace Sexual Harassment Objectionable Behavior Other – Specify:
was (circle one)	adequately substantiated not adequately substantiated fabricated with malicious intent
Additional comments from President or other Director as assigned:	

PART 6 – CORRECTIVE AND PREVENTIVE ACTIONS (to be completed by President or other Director as assigned)			
Actions	Responsible	Target Date	Completion Date

PART 7 – COMMUNICATION OF RESULTS			
Party	Full Name	Signature	Date (dd/mmm/yy)
President or other Director as assigned			
Complainant			
Respondent			

Note: Adapted from various online sources.