

## ALLEGED HARASSMENT REPORT FORM

NAME OF COMPLAINT	
Name:	
Address:	
Telephone (H):	Telephone (W):
When did you start with this Employer?	
ALLEGED HARASSER	
NAME AND ADDRESS OF THE INDIVIDUAL YOU FEEL HAS HARASSED/IS HARASSING YOU (give as much information as possible and use additional pages if necessary):	
Name:	
Address:	
Telephone:	
WITNESS	
Someone who has observed or heard harassment (use additional pages if necessary):	
Name:	
Address:	
Telephone (H):	Telephone (W):
THE COMPLAINT	
1. When did the harassment begin?	
2. What is the basis of the harassment? Please mark below:	
<input type="checkbox"/> Sexual Orientation <input type="checkbox"/> Sex <input type="checkbox"/> Marital Status <input type="checkbox"/> Family Status <input type="checkbox"/> Colour <input type="checkbox"/> Place of Origin <input type="checkbox"/> Race <input type="checkbox"/> Creed	<input type="checkbox"/> Religion <input type="checkbox"/> Age <input type="checkbox"/> Disability <input type="checkbox"/> Ancestry <input type="checkbox"/> Nationality <input type="checkbox"/> Physical Size/Weight <input type="checkbox"/> Other

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3. Particulars of complaint. Give details of complaint, e.g. times and places (attach additional pages if necessary):

- In your own words, describe the course of conduct, comment or display that you found objectionable. Please be sure to include details that explain how it was direct at you and how it has posed a threat to your health or safety.

- If asked, would you be able to provide further evidence or information that would support your belief that there is a threat to your health or safety?

4. Actions that have been taken:

- Have you been able to verbally or non-verbally indicate to the harasser that you do not like it or want it to stop?

If so, what if any, action or response has there been?

- Have you been able to notify your supervisor, employer or other or other person in authority?

If so, what, if any action or response has there been?

- Have you informed your Union or the Occupational Health Committee in your workplace?

If so, what, if any action or response has there been?

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<ul style="list-style-type: none"><li>• Have you talked to or filed a report with the police about the harassment?</li></ul> <p>If so, what, if any action or response has there been?</p>	
<ul style="list-style-type: none"><li>• Have you talked to or filed a complaint with the Human Rights Commission?</li></ul> <p>If so, what, if any action or response has there been?</p>	
5. What results do you want?	
6. Concerns that are general in nature (i.e. no names are referenced) may be referred to the employer or the OHC to investigate and take action.	
Do you prefer that your complaint be handled this way? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>I DECLARE this information is true to the best of my information and belief.</b>	
<b>ATTACH ANY STATEMENTS OR OTHER INFORMATION YOU FEEL WILL SUPPORT YOUR CASE</b>	
Signature of Complainant	Date

**Note: Continue documenting actions/comments of harasser.**

**Please return completed questionnaire to:**

**Supervisor/Director**

**Attention:** \_\_\_\_\_