



Harassment Complaint Form

1. Complainant Information

Name

Date

Department/Division

Workplace Location

Home Phone Number

Phone numbers will not be shared with the respondent(s)

Work Phone Number

Employment Category _____ CUPE _____ STF _____ Out of Scope

2. Grounds for Complaint. On what grounds do you believe harassment occurred (see Respectful Workplace and Anti Harassment AP – Definition of Harassment)?

3. Respondent(s). Person(s) who you allege committed the harassment

4. Details of the Complaint. Please be as detailed as possible when describing the behavior(s) you object to. Include such things as: what occurred, location, date, time, circumstances surrounding the incident, witnesses, what you have done in response to the behavior, etc. (Use additional pages if needed)



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5. Witness(s) of alleged harassment. Please list name(s) and phone numbers

6. Relevant Documents. Please attach copies of any documents you consider relevant.

7. Signature. By signing this complaint, you are agreeing to have a copy given to the respondent(s), relevant supervisors and union representative (if applicable). Your complaint will be maintained in confidence; however, relevant information will be shared to the extent necessary to determine the appropriate resolution of this matter.

Signature of Complainant

Date

8. Consent to Give Copy of Complaint to Union (if applicable).

By signing below, I hereby give Sask DLC my authorization to release a copy of this complaint and the investigator's report to my union

Signature of Complainant

Date

Note: Nothing in this policy precludes the Respondent(s) from providing a copy of the complaint against them and the investigator's report to the union.