



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	SUPERVISOR	UNION	

NATURE OF COMPLAINT: HARASSMENT WORKPLACE CONFLICT
(Please complete the corresponding portion of this form)

PART A: DETAILS OF HARASSMENT

TYPE OF COMPLAINT (Please check one or more of the following.) <input type="checkbox"/> RACE <input type="checkbox"/> NATIONAL OR ETHNIC ORIGIN <input type="checkbox"/> FAMILY STATUS <input type="checkbox"/> SEXUAL ORIENTATION <input type="checkbox"/> COLOUR <input type="checkbox"/> RELIGION <input type="checkbox"/> AGE <input type="checkbox"/> SEX : GENDER/ SEXUALADVANCE <input type="checkbox"/> MARITAL STATUS <input type="checkbox"/> PHYSICAL/MENTAL DISABILITY <input type="checkbox"/> POLITICAL BELIEFS/ASSOCIATION/ACTIVITY <input type="checkbox"/> OTHER _____		
DATE AND TIME OF INCIDENT	LOCATION	
COMPLAINT AGAINST : NAME & JOB TITLE		
DESCRIPTION OF THE INCIDENT (Attach additional sheets if required.)		
DID ANYONE WITNESS THIS INCIDENT?	YES	NO
<i>WOULD THEY BE WILLING TO BE INTERVIEWED?</i>	YES	NO
HAVE THERE BEEN PREVIOUS INCIDENTS INVOLVING THIS PERSON?	YES	NO
<i>Note: Please attach list of witnesses with names, telephone & job titles.</i>		

