

Complaint / Investigation Statement / Information

Date:

Time:

Directions

Please complete the information as soon as possible after an incident and submit to your immediate supervisor, union representative or the Human Resource Department. For more information, please call Human Resources at 306-786-5500.

Complainant Information

Name:		Position:			
Site/Facility:					
Home Phone:		Work Phone:		Cell Phone:	
Email:					
Affiliation:	STF	CUPE 4784	CUPE 5123	DPEA	Non-Union
Did you report the occurrence?		YES	NO		
If yes, whom did you report to?				Date of report:	

Respondent Information (alleged harasser)

Name:		Position:			
Site / Facility:					
Respondent's work relationship to you:					

Nature of Complaint:

In your own words, please describe in detail, the action, conduct, comment or display that you found unprofessional/objectionable (date/time/place/what was observed). Please be sure to include details that explain how it was directed/observed by you, where you were/what you were doing and how you felt. Did it pose a threat to your health or safety?

Was there more than one occasion where you observed this? If so, please describe each incident (date/time/place/what was observed).

What did you say or what actions did you take to clearly demonstrate to the respondent that you didn't like their actions? Did you ask them to stop? If so, what was their response/reaction? Did their conduct change and if so, please detail?

Witnesses

Please list all witnesses present ((external & internal (teachers/students/co-workers, etc.) who observed or heard the incident(s)) and highlight their involvement/comments, if any, and location/duration of their attendance.

1. Witness name:

Details:

2. Witness name:

Details:

3. Witness name:

Details:

Your recommended action/resolution:

What results would you like to see?

I hereby declare that all of the information contained in this report is true and accurate to the best of my knowledge and belief and I acknowledge that providing false information may result in disciplinary action. I acknowledge the need for me to maintain absolute confidentiality and I will not discuss or disclose any information relating to this matter to any individual unless legally authorized to do so.

By signing this complaint, you acknowledge that respondent(s) will be advised of the nature and details of the complaint and provided an opportunity to respond.

Signature:

Date:

IF HELPFUL, DIAGRAM THE INCIDENT:

Human Resources Department

Date report received:

Date investigation started:

Date investigation concluded:

Date complainant advised of outcome:

Date respondent advised of outcome:

OHS/Union / STF informed (if necessary):

Police informed (if necessary):