



Instructions

- Please attempt to simply articulate your complaint and restrict your complaint to this form. If additional space is required you may attach a separate sheet.
- Request that a Person in Authority sign your completed form.
- Keep a copy of this completed form for your records.
- Provide a copy of the completed form to a Person in Authority, and
- Provide the original completed form to the Director of Human Resources.

Name of Complainant: _____

School/Workplace: _____

Name of Respondent(s): _____

School/Workplace of Respondent(s): _____

Date(s) of incident(s) [if the Prohibited Behaviour has been repeated over a period of time, give approximate length of time period involved]:

Name(s) of witness(es):

Complainant's description of alleged Prohibited Behaviour:

Signature of Complainant: _____ Date: _____

Original to the Director of Human Resources.

Maintain a copy for your records.

November 2015