



## Respectful Workplace Incident Form

<b>Name:</b>		<b>Department:</b>	
<b>Supervisor:</b>		<b>Work Ext.:</b>	
<b>Contact Email:</b>		<b>Alt. Contact Number:</b>	

### Nature of Complaint

Human Rights Code Discrimination or Harassment (please specify on what grounds below- check all that apply):

- |                  |                    |                   |                           |
|------------------|--------------------|-------------------|---------------------------|
| Age              | Race               | Colour            | Ancestry                  |
| Creed (Religion) | Place of Origin    | Ethnic Origin     | Citizenship               |
| Disability       | Family Status      | Marital Status    | Record of Offence         |
| Gender Identity  | Sexual Orientation | Gender Expression | Sex (including Pregnancy) |

Personal Harassment / Bullying or Conflict

Sexual Harassment or Sexual Assault / Violence

Workplace Violence (check all that apply):

- |                  |           |                          |
|------------------|-----------|--------------------------|
| Physical Assault | Threat(s) | Other (please identify): |
|------------------|-----------|--------------------------|

### Who is the complaint being made against?

Name: \_\_\_\_\_ Department/Organization: \_\_\_\_\_

### Incident Details

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Explain the incident using as much detail as possible. Attach additional pages if necessary:

Notice of Collection: Information collected on this form will be kept confidential, recognizing that responding to complaints will require sharing the complaint with those that have a need to know in order to address the complaint. All information collected is subject to the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA) and all other applicable legislation. All information submitted will be treated as confidential subject to all applicable law including the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA).



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Did you tell the person to stop?

Yes

No (if no, please explain why)

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### Who did you report the incident to?

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Name: .

Department:

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### Witness Information

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Name:

Contact Number:

Name:

Contact Number:

Name:

Contact Number:

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### Resolution

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What action or result would you like to see?

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**\*\* This complaint should be sent directly to the Director of Human Resources\*\***

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Signature:

Date:



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### For Human Resources Use Only

Date Received:

Assigned to:

Investigation Commenced:

If no investigation, why not?

Outcome:

Complaint Substantiated

Complaint Not Substantiated

Disposition:

Date File Closed:

Signature:

Date:

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