**­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**108 Maple St. P O Box 5001 Woodstock E7M 5C6 506-325-4729**

**DISCRIMINATION and HARASSMENT COMPLAINT FORM**

***Please Print clearly and provide as much information requested below as possible. Return completed, signed form to your immediate supervisor***

***\*\* If you are unable to edit, click “Enable Editing” above\*\****

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **COMPLAINANT INFORMATION** | | | | | |
| Name: | | | | | Date: |
| Mailing Address: | | | | | |
| Home Phone: | | | Cell Phone: | | |
| Department | | Supervisor: | | | |
| Accused Name: | | | | | |
|  | |  | | |  |
| **Indicate the grounds on which you are making your complaint of DISCRIMINATION / harassment:** | | | | | |
| **sex** | **Race** | | | **Age** | |
| **Religion** | **Gender / Sexual Identity** | | | **Disability** | |
| **Socio-economic Status (income)** | **medical condition** | | | **Retaliation** | |

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| --- | --- | --- | --- |
| **Identify the date that the alleged discrimination, HARASSMENT AND or retaliation took place:** | | | |
|  | | | |
| **Earliest Date:** | | **Latest Date:** | |
|  | | | |
| **Relationship to Deptarment:** |  | |  |
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| 1. **Identify the person or persons against whom your allegations are made, their working relationship to you, (supervisor, co-worker, student etc..) and their work location.** |
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| **2. Describe the nature of your complaint, the incident(s), date(s), and place(s). Attach additional pages to this complaint if necessary** |
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| **3. To whom have you gone for resolution of the complaint? What did you or others do to try to resolve the complaint? What was the outcome?** |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **4. Identify others who may have observed or witnessed the incident(s) that you described:** | | | |
| **Name:** | **Address** | **Telephone** | **Position** |
|  |  |  |  |
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| **5. Identify others you believe may have experienced the same situation.** | | | |
| **Name** | **Address** | **Telephone** | **Position** |
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| **6. Do you have any documents that support your allegation? (Please list and attach a copy.)** |
|  |

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| --- |
| **7. Describe how you would like the complaint to be resolved. Be as specific as possible.** |
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| **8. If you are to be represented, provide the name, address, and telephone number of your representative.** |
|  |

|  |  |
| --- | --- |
| **COMPLAINTANT SIGNATURE** | |
| To the best of my knowledge, the information I have submitted is accurate. I am aware that an informal process is available to resolve the complaint, and feel that a formal complaint is appropriate to resolve the discrimination and harassment I allege in this complaint. I understand that I may have rights to relief under the provincial and federal laws, and that filing a formal complaint does not necessarily affect the time within which I must file a complaint with the agencies or courts that enforce those laws. I understand that if I am a member of a collective bargaining unit, I may have rights to grieve the actions in my complaint, and that filing this complaint does not substitute for that process or give me more time to grieve any of those actions. I agree to cooperate within reason with any investigation conducted by the Western Valley Recreation Association into this matter. | |
| **Print Name:** | |
| **Signature:** | **Date** |
|  | |