APPENDIX B

WORKPLACE HARASSMENT - FORMAL COMPLAINT FORM

PRIVATE AND CONFIDENTIAL

Name(s) of Complainant(s):

_____

School/Department/Worksite: _____

Complainant(s): ☐ Employee, Job Title: _____

☐ Other, please specify: _____

Description of Alleged ***Harassing Behaviour and Assistance Required:***
(Please use additional pages if necessary).

Description of Assistance Offered:

Name of Respondent(s) (Individual(s) who is (are) the subject of the complaint):

_____

School/Department/Worksite: _____

Respondent(s): ☐ Employee, Job Title: _____

☐ Other, please specify: _____

Date(s) of incident(s) or Time Frame: _____

Date complainant informed respondent that the behaviour was unwelcome:

_____

(N.B. When the complainant and respondent are both teachers, the complainant must meet the reporting obligations of Section 18(1) (b) of the Regulation Made Under the Teaching Profession Act.)

Date of attempt at informal resolution: _____

Has the complaint been reported previously? ☐ Yes ☐ No

If Yes, to whom, and what actions were taken? (Please use additional pages if necessary)

Complainant(s) Signature(s):

_____

Date: _____

Receiving Party

Name: _____

Title/Position: _____

Date completed complaint form received: _____

Receiving Party: If other than Human Resources, identify the party the form was forwarded to, the date completed, and method of notification:

Forwarded Date: _____

Title/Position: _____

Format: ☐ Mail to: _____

☐ Email to: _____

☐ Phone/Message to: _____

The information contained in this form is confidential and every reasonable step will be taken to maintain confidentiality in accordance with the provisions of the ***Municipal Freedom of Information and Protection of Privacy Act***. This form and any attachments will be copied to the respondent(s) named above, in accordance with the Formal Complaints Process.

INSTRUCTIONS FOR HANDLING THIS FORM

Please place this form in a sealed envelope marked **"PRIVATE AND CONFIDENTIAL"**
and send it to:
The Superintendent of Human Resources **(Human Resources Office),**
District School Board Ontario North East, P.O. Box 1020, Timmins ON, P4N 7H7.

Alternately, completed form may be given/sent to:

- your Principal,
- your Manager/Supervisor or,
- your Superintendent of Education,
- your site Health & Safety Rep.,
- or the Health & Safety Coordinator, depending on the circumstances