**APPENDIX “C”**

**Human Resources Support Services**

**Health and Safety**

**WORKPLACE HARASSMENT - REPORTING FORM**

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| **Section A**: Complainant / Worker Information |
| * Reported by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Reported date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Department:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Supervisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Job / Position:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Phone/E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Complainant's Union/Association affiliation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Section B**: Respondent Information | | | | |
| Respondent(s) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Respondent(s) Union/Association affiliation (if any): *(highlight)* | | | | |
| * ASG * CUPE 1628 * CUPE 2544 * OPSEU 2100 * OPSEU 283 * OPSEU 292 LTSS * OPSEU 292 MSSA | | * OSSTF * OSSTF OT * PEOT * PETL * PSSP * Other (including non-employee respondents: | | |
| When the complainant and the respondent are both teachers, the complainant is reminded of the reporting obligations of Section 18 (1)(b) of the Regulation made under the Teaching Profession Act. | | | | |
| **SECTION C:** Complainant’s description of the incident | | | | |
| Date of Incident: | Time of Incident: *(highlight)*    AM PM | | Exact Location of Incident: | |
| Incident occurrence date(s) over a certain period in time (e.g., Can be specific date or set of dates, e.g., three times in the last month.) Nature of behaviour being complained about (e.g. verbal, written, physical, sexual): | | | | |
| Harassment under prohibited grounds of discrimination\*  \* Where discrimination is alleged on the basis of a ground prohibited by the Ontario *Human Rights Code* (i.e. incidents involving harassment based on the prohibited grounds of discrimination: sexual orientation, sex, race, colour and place of origin, religion, disability, etc.), the matter should be redirected through Human Rights Policy #51. | | | | |
| Witnesses relevant to alleged incidents (Name and Contact Information):   1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| Complainant’s detailed explanation of events in order of sequence of occurrence:  *(please attach separate sheet if necessary)* | | | | |
| Has the respondent been informed by you or anyone else that the behaviour was unwelcome? If no, why not? If yes, what was the response? *(highlight)*  Has the complaint been reported previously? *(highlight)* | | | | * YES * NO * YES * NO |
| If Yes, the date when this occurred: *(highlight)* | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Has there been an attempt at an informal resolution:  If Yes, the date of the informal resolution: *(highlight)* | | | | * YES * NO   \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| If Yes, to whom, and what actions were taken? | | | | |
| Has the representative union/association been contacted? *(highlight)* | | | | * YES * NO |
| 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. | | | | |
| **Please provide a copy of this form to your immediate Supervisor and the confidential address below. If your immediate supervisor is the alleged harasser, please submit only to the address below:**  **Email completed form to:** [**EHS4.2@peelsb.com**](mailto:EHS4.2@peelsb.com) **OR**  **Fax completed form to the Labour Relations confidential fax line : 905 890-1110** | | | | |