

COMPLAINT / REPORT OF HARASSMENT OR VIOLENCE

INSTRUCTIONS: You do not need to use this form to file a complaint or make a report of harassment or violence:

- students may make a complaint/report in person, or submit a form to the Associate Dean, Learning Resources Division (Shuniah Room 153)
- employees may make a complaint/report in person, or submit a form to the Director, Human Resources (Shuniah Room A230)

If you use this form, you may also submit it electronically (to HR & Safety), or in person at Security (Shuniah 142.)

DECLARATION: Personal information on this form is collected in accordance with the *Freedom of Information and Protection of Privacy Act* and under legal authority of the *Ministry of Training, Colleges and Universities Act*, the *Ontario Colleges of Applied Arts and Technology Act*, and the *Occupational Health and Safety Act*. Questions concerning your personal information should be directed to the Director. Human Resources & Organizational Development at 807-475-6267.

Act. Questions concerning your personal information should be directed to the Director, Human Resources & Organizational Development at 807-475-6267.				
ALLEGED SUBJECT OF HARASSMENT OR VIOLENCE				
Last name:	First name:			
The individual is a: student employee visitor other (Specify):				
Address:				
Home or cell phone number:	Work (or alternate) phone number:			
Date of Birth (DD / MMM / YYYY):	Department or Program:			
ALLEGED HARASSER OR AGGRESSOR				
Last name:	First name:			
The alleged harasser or aggressor is: student employee	visitor other (Specify):			
Address:				
Home or cell phone number:	Work (or alternate) phone number:			
Date of Birth if Known (DD / MMM / YYYY), or Approximate Age:				
Physical Description:				
DETAILS OF INCIDENT(S).				
DETAILS OF INCIDENT(S):				
Type(s) of Incident(s) (e.g. harassment, cyberbullying, verbal threat, behavioural threat, attempted assault, assault, etc.)				
Describe in as much detail as possible, the incident(s) of harassment and/or violence, including:				
(a) the names of the parties involved; (b) the location, date and time of the incident(s); (c) the details about the incident(s), including behaviour				
and/or words used; and (d) any additional details that you feel are relevant.				

Continued from Previous Page: Describe in as much detail a	s possible, the incident(s) of harassmer	it and/or violence, i	ncluding:	
(a) the names of the parties involved; (b) the location, date and time of the incident(s); (c) the details about the incident(s), including behaviour and/or words used; and (d) any additional details that you feel are relevant.				
DELEVANT DOCUMENTS / EVIDENCE				
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Attach any supporting documents, such as emails, har				
personal belongings, can also be submitted. If you are not able to attach documents and they are relevant to your complaint, please list the documents below. If someone else has relevant documents, please note that below.				
WITNESSES OR PERSONS HAVING KNOWLEDGE				
If yes, provide name(s) and contact information, if known.				
Witness Person Having Knowledge Name:	Cont	act Information:		
2 Witness Person Having Knowledge Name:	Cont	act Information:		
3 Witness Person Having Knowledge Name:	Cont	act Information:		
4 Witness Person Having Knowledge Name:	Cont	act Information:		
PERSON SUBMITTING THIS REPORT				
The person submitting this report is: the alleged subje	ect of harassment/violence	a witness	a person having knowledge	
Name:				
Signature:		Date (DD/MMM/	YYY):	