

**PB-11 PROCEDURES
RESPECTFUL COLLEGE COMMUNITY POLICY COMPLAINT FORM**

PART I - THE PARTIES

COMPLAINANT - Confidential information - will not be shared:

Complainant's Name: _____

Student

Employee

Other

Address: _____

Telephone: _____

Department / Program: _____ Campus: _____

RESPONDENT - Confidential information - will not be shared:

Respondent's Name: _____

Student

Employee

Other

Address: _____

Telephone: _____

Department / Program: _____ Campus: _____

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PART II – COMPLAINT DETAILS

What is the nature of your complaint?

- Respect
- Workplace Harassment
- Harassment and Discrimination *

*** If your complaint alleges harassment and / or discrimination based upon a prohibited ground, please indicate the ground.**

• Please describe, in your own words and in as much detail as possible the incident(s) including: (a) names of parties involved; (b) any witnesses to the incident(s); (c) the location, date and time of the incident(s); (d) details about the incident(s) (behavior and/or words used); (e) any additional details. (Attach additional pages if required).

Please describe what actions, if any, that you have taken to try to resolve this problem.

What resolution are you seeking?

Signature of Complainant

Human Resources

Date

Date

Note: Please note that this document and any attachments to it that you provide in the course of filing a complaint will be held in confidence by the College. The complaint form and its attachments will be disclosed to the respondent named in the complaint and to the investigator and mediators appointed to assist with the resolution of this complaint, as outlined in the policy procedures. Your signature confirms that you have been made aware of and give permission for the above use of this information.