



RESPECTFUL WORKPLACE COMPLAINT FORM

Complainant's Name: _____

Department/Unit: _____

Phone Numbers:
(Work/cell/home) _____

**Who is the complaint
filed against?**
(Name and position) _____

In your own words, please indicate the details of your complaint. If you would like to provide a more detailed description, please attach additional paper to this form. The following is a description of the incident(s), which includes dates, times, places and the names of persons directly involved, as well as the names of any witnesses.

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



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What resolution are you seeking?

Complainant's Signature

Date

Please note:

1. The filing of this complaint does not guarantee that an investigation will occur. The complaint will be reviewed and an assessment will be made by the employer as to whether an investigation is warranted and/or whether an informal resolution process should be pursued.
2. This document and any attachments that you provide in the course of filing a complaint will be held in confidence. The complaint form and its attachments may be disclosed to the respondent named in the complaint and to the investigator 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 this and give permission for the above use of this information.
3. Filing this complaint in no way limits your ability to consider other options such as a complaint under the *Human Rights Code* of the filing of a grievance under a collective agreement.

**SUBMIT COMPLETED FORM TO DIRECTOR, HUMAN RESOURCES
IN A CONFIDENTIAL ENVELOPE**

Cross Reference:		
Date Adopted: August 1, 2017	Date Amended:	Board Motion(s):
Policy: GBAA	Guidelines: GBAA-R	Exhibit: