



Appendix A

VIOLENCE / HARASSMENT FORMAL COMPLAINT FORM

This form must be completed and signed by the complainant and submitted to his/her Administrator or Supervisor. A copy of all formal complaints are to be forwarded to the Superintendent of Safe Schools.

Please note: When the complainant and respondent are both teachers, the complainant must meet the reporting obligations of Section 18(1)(b) of the Teaching Profession Act.

1. Complainant Information:

Complainant Name:		Date:
I am a <input type="checkbox"/> Employee <input type="checkbox"/> Student <input type="checkbox"/> Contractor <input type="checkbox"/> Visitor <input type="checkbox"/> Other		
Phone Number:		Contact Information:
Site or Work Location:		Position (if Applicable):
If you are an employee of the HSCDSB, provide your Administrator/Supervisor's name below:		
Administrator/Supervisor Signature:		Date Received:

2. Occurrence(s) of Violent / Harassing Behaviour (What, Where, When, and Witnesses):

Include all incidences of objectionable behaviour. Please attach a separate typewritten sheet if there are more than two (2) occurrences that you would like to report.

Describe Behaviour:		Time and Date of Occurrence:	
Incident Location:		Witness(es)	
Date complainant informed the respondent that the behaviour was unwelcome:			
Respondent's Name:		Date:	

Describe Behaviour:	Time and Date of Occurrence:
Incident Location:	Witness(es)
Date complainant informed the respondent that the behaviour was unwelcome:	
Respondent's Name:	Date:

3. Informal Complaint Resolution:

Date of attempt at informal resolution:	Has the complaint been reported previously? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, to whom and what actions were taken? (Please attach typewritten pages if necessary)	

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 Workplace Violence and Workplace Harassment Policies.

I, the undersigned, declare that the foregoing statements are true to the best of my knowledge, information and belief.

Complainant's Signature	Date:
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Instructions for handling This Form:

Please print the completed form and place it in a sealed envelope marked "PRIVATE AND CONFIDENTIAL". Forward the envelope to the Superintendent of Safe Schools, Huron-Superior Catholic District School Board, 90 Ontario Ave., Sault Ste Marie, ON, P6B 6G7

DO NOT RETAIN COPIES OF THE COMPLETED FORM