



**RESPECTFUL WORKING & LEARNING ENVIRONMENTS WITNESS RESPONSE FORM**

A complaint of harassment/discrimination has been filed with our office. Please complete the following with information you feel is relevant to the complaint. Your response to the issues identified in the complaint will assist us in completing the investigation as soon as possible. This form must be completed and returned within five (5) days of your receipt of the Witness Response Form.

\_\_\_\_\_  
Name and Position

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Contact Number

Please give a detailed account of what happened including date(s), time(s), location(s), and person(s) involved (attach a separate sheet, if necessary):

**I agree not to discuss or disclose any aspect of this complaint or the proceedings, except as required by the investigative process or in response to any legal requirement.**

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Received by

\_\_\_\_\_  
Date received

This information is collected under the authority of the *Freedom of Information and Protection of Privacy Act* Section 33 (c). For further information you may call the Principal or FOIP Coordinator at 780-674-8500.