



Respectful Working & Learning Environments Complaint Form

F 2-20-A

Person Filing Complaint	
Name:	
Address:	
Telephone:	School/Department (if applicable):
Persons Being Discriminated/Harassed Against (if different from above)	
Name:	
Address:	
Telephone:	School/Department (if applicable):
Parties Against Whom the Complaint is Being Made:	
Name(s), Position(s) and School/Department (if applicable):	
Describe:	
Grounds of Discrimination/Harassment where applicable (e.g. sex, religion):	
Describe what happened including date(s), time(s), and location(s), and names of witnesses (attach a separate sheet if necessary):	
State the resolutions you are seeking:	
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 Complainant:	
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.

Copy 1 – Complainant Copy 2 – District office Copy 3 – School/Dept. Copy 4 - Respondent