



RESPECTFUL WORKING & LEARNING ENVIRONMENTS COMPLAINT FORM

PERSON FILING COMPLAINT

NAME: _____
ADDRESS: _____
TELEPHONE # : _____ SCHOOL/DEPT: _____
(if applicable)

PERSONS BEING DISCRIMINATED/HARASSED AGAINST (if different from above)

NAME: _____
ADDRESS: _____
TELEPHONE # : _____ SCHOOL/DEPT: _____
(if applicable)

PARTIES AGAINST WHOM THE COMPLAINT IS BEING MADE:

NAME(S): _____
POSITION(S) & SCHOOL/DEPT (if applicable): _____
Grounds of Discrimination/harassment where applicable (e.g. Sex, religion)

DESCRIBE WHAT HAPPENED INCLUDING DATE(S), TIME(S), AND LOCATIONS(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.