

## Workplace Harassment and Human Rights INCIDENT REPORTING FORM

**NAME OF COMPLAINANT:**

First name: \_\_\_\_\_ Last name: \_\_\_\_\_ Employee# \_\_\_\_\_

School/Department/Worksite: \_\_\_\_\_ Home/Cell Phone No: \_\_\_\_\_

Status of complainant:  Student  Employee Job Title: \_\_\_\_\_  Other \_\_\_\_\_

Preferred Email address: \_\_\_\_\_

Unionized:  Yes  No If yes, please specify: \_\_\_\_\_

Please indicate Union Representative and phone number: \_\_\_\_\_

**NAME OF RESPONDENT (PERSON (S) ACCUSED):**

Status of Respondent(s):  Student  Employee Job Title: \_\_\_\_\_  Other \_\_\_\_\_

School/Department/Worksite: \_\_\_\_\_

**Please indicate type of complaint:**

Description of Alleged Harassment/Discrimination: (Please consult the Board's Human Rights Policy, Workplace Harassment Prevention Policy, and Workplace Harassment Prevention and Human Rights Procedure before completing this section).

**1.  *Human Rights Code (Code) Harassment/Discrimination***

**Definition of Harassment under the Code and Board's Human Rights Policy:**

"a course of vexatious comment or conduct that is known or ought reasonably to be known to be unwelcome."

**The vexatious comment or conduct must be because of a Prohibited Ground of the Code (see below)**

**Discrimination under the Code:** People have the right to equal treatment and opportunities, without discrimination in the areas covered by the Code. Not all unfair treatment and not all harassment are covered by the Code. Code based harassment/discrimination requires that the harassment/discrimination must have been based on or because of a Prohibited Ground covered by the Code (see below).

**Prohibited grounds** under the Ontario *Human Rights Code*:

- |                                                                                                                                           |                                                                                                                           |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Age                                                                                                              | <input type="checkbox"/> Gender Identity                                                                                  |
| <input type="checkbox"/> Ancestry                                                                                                         | <input type="checkbox"/> Marital status (includes same sex partnership)                                                   |
| <input type="checkbox"/> Citizenship                                                                                                      | <input type="checkbox"/> Place of origin (where one was born)                                                             |
| <input type="checkbox"/> Colour                                                                                                           | <input type="checkbox"/> Race                                                                                             |
| <input type="checkbox"/> Creed (religion)                                                                                                 | <input type="checkbox"/> Sex (including pregnancy, sexual harassment )                                                    |
| <input type="checkbox"/> Disability or perceived disability<br>(Including mental or physical illness or injuries,<br>and some addictions) | <input type="checkbox"/> Sexual orientation                                                                               |
| <input type="checkbox"/> Ethnic origin                                                                                                    | <input type="checkbox"/> Record of Offences - Provincial Offences or<br>Pardoned Federal Offences (in employment<br>only) |
| <input type="checkbox"/> Family status                                                                                                    |                                                                                                                           |
| <input type="checkbox"/> Gender Expression                                                                                                |                                                                                                                           |

Ensure that you include (check off), the grounds upon which the complaint is based and why you believe so.  
**If you are unsure of the ground(s) simply indicate that in the description of the incident in the box below.**

2.  **Workplace Harassment (Includes Sexual Harassment)**

**Definition of Workplace Harassment under the *Occupational Health & Safety Act (OHSA)* and Board's Workplace Harassment Prevention Policy:**

"engaging in a course of vexatious comment or conduct **against a worker, in a workplace** that is known or ought reasonably to be known to be unwelcome" or is Sexual Harassment

**Definition of Sexual Harassment under the Occupational Health and Safety Act and Board's Workplace Harassment Prevention Policy:**

"Engaging in a course of vexatious comment or conduct against a worker in a workplace because of sex, sexual orientation, gender identity or gender expression, where the course of comment or conduct is known or ought reasonably to be known to be unwelcome", or

"making a sexual solicitation or advance where the person making the solicitation or advance is in a position to confer, grant or deny a benefit or advancement to the worker and the person knows or ought reasonably to know that the solicitation or advance is unwelcome";

When describing the incident(s) that you believe was harassment or discrimination please include:

**What** happened? **Who** was involved? **When** did it happen and time)? **Where** did it happen? Were there any witnesses? Please do not name witnesses, refer to them as Witness A, Witness B, etc.

**Incident 1:**

• <b>Date:</b>	<b>Time:</b>	<b>Location:</b>
• <b>Witness(es):</b> _____		
• <b>Description of Incident:</b>		

**Incident 2:**

####• <b>Date:</b>	<b>Time:</b>	<b>Location:</b>
####• <b>Witness(es):</b> _____		
####• <b>Description of Incident:</b>		

**Has this complaint been reported previously?**  Yes  No

If Yes, to who was it reported, and what actions were taken?

If No, please indicate why.

**Have you filed any other complaint regarding these incidents (e.g., grievance, human rights tribunal)?**

Yes  No

Please provide details:

Desired Resolution (What would you like to see happen?):

**Would you consider mediation as a form of early resolution to your concerns?**

Yes No

Please Explain

Complainant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The information contained in this form is of a highly confidential nature and will be protected in accordance with the provisions of the ***Municipal Freedom of Information and Protection of Privacy Act***.

If the incident meets the threshold assessment for a complaint, the respondent will be notified in writing about the complaint and the allegations in accordance with the Workplace Harassment Prevention and Human Rights Operational Procedure PR 515.

**INSTRUCTIONS FOR HANDLING THIS FORM:** Please place this form in a sealed envelope marked "**PRIVATE AND CONFIDENTIAL**" and send it to the Human Rights Office, Toronto District School Board, 5050 Yonge Street, 4th Floor, Toronto, M2N 5N8 or email it to [HumanRightsOffice@tdsb.on.ca](mailto:HumanRightsOffice@tdsb.on.ca)