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 □ 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 □ 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).


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:

□ Age □ Gender Identity
□ Ancestry □ Marital status (includes same sex partnership)
□ Citizenship □ Place of origin (where one was born)
□ Colour □ Race
□ Creed (religion) □ Sex (including pregnancy, sexual harassment)
□ Disability or perceived disability □ Sexual orientation
(INCLUDING mental or physical illness or injuries, and some addictions) □ Record of Offences - Provincial Offences or Pardoned Federal Offences (in employment only)

□ Ethnic origin □ Record of Offences - Federal Offences
□ Family status □ Race
□ Gender Expression □ Sex (including pregnancy, sexual harassment)

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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:**

- **Date:** ____________________  **Time:** ____________________  **Location:** ____________________

- **Witness(es):** ____________________

- **Description of Incident:** 

  ____________________________________________________________
  ____________________________________________________________
  ____________________________________________________________
  ____________________________________________________________
  ____________________________________________________________
  ____________________________________________________________
  ____________________________________________________________

**Incident 2:**

- **Date:** ____________________  **Time:** ____________________  **Location:** ____________________

- **Witness(es):** ____________________

- **Description of Incident:** 

  ____________________________________________________________
  ____________________________________________________________
  ____________________________________________________________
  ____________________________________________________________
  ____________________________________________________________
  ____________________________________________________________
  ____________________________________________________________
Please use additional pages if required.

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.

This form will be copied to the respondent(s) named above if the complaint meets Threshold Assessment, in accordance with the Human Rights Office Complaints Process.

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