

PRIVATE & CONFIDENTIAL

COMPLAINT REPORTING FORM

Non-Code Based Workplace Harassment

(THIS FORM IS TO BE USED FOR COMPLAINTS THAT ARE NOT RELATED TO A PROTECTED GROUND)

Please consult the Board's *Workplace Harassment Prevention for Non-Human-Rights-Code Harassment* policy (P034) prior to completing this form.

Complaints should be submitted within one (1) calendar year. If this matter is older than one (1) calendar year, please indicate the reason(s) for the delay in reporting.

COMPLAINANT (Your Details):

First Name: Surname:
Employee Number: School/Department/Worksite:
Job Title: Contact Number (Home/Cell):
Preferred Email Address:
Unionized: Yes No If yes, please specify union:
Union Representative and Phone Number (if applicable):

RESPONDENT 1: (i.e., the person(s) being accused)

First Name: Surname:
School/Department/Worksite: Job Title:

RESPONDENT 2:

First Name: Surname:
School/Department/Worksite: Job Title:

Additional Respondent(s) Attached: Yes No

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Definitions:

- 1. Non-Code Workplace Harassment: As described in TDSB Policy P034 – Workplace Harassment Prevention for Non-Human-Rights-Code Harassment:** 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 and is not based on a protected ground under the Human Rights Policy (P031) or the Human Rights Code.

Important: Please note that if you are submitting a workplace harassment complaint based on a protected ground under the Human Rights Code, you must submit your complaint to the Human Rights Office at HumanRightsOffice@tdsb.on.ca using form 515A - Human Rights Incident Reporting Form.

Do not submit your complaint to both HumanRightsOffice@tdsb.on.ca and WorkplaceHarassmentComplaints@tdsb.on.ca.

If you have already submitted a complaint to the Human Rights Office, please indicate as such on this form (below question on Page 3).

SUMMARY OF COMPLAINTS:

Please provide a summary of the complaint. When describing the incidents please include the following:

- **When:** What date(s) and time(s) did the incidents take place?
- **Where:** Where did the incidents occur?
- **Witnesses:** Was anyone else present? Did anyone else hear or see the incidents?
- **Who:** Who is the person that your complaint is about?
- **What:** Please describe what occurred.

Complaint Incident 1:

Date and Time:

Location:

Witness(es):

Details of Incident:

Complaint Incident 2:

Date and Time:

Location:

Witness(es):

Details of Incident:

Please attach additional pages to summarize additional complaints

Additional Pages Attached: Yes No

Have the matters been previously reported? Yes No

If yes, to whom were they reported and what actions were taken? If no, please indicate why not?

Resolution Options: Would you consider alternative resolution or mediation for this matter? Yes No

If yes, what is your desired resolution?

Have you filed any other complaints regarding the incidents (e.g., police report, grievance, Human Rights Tribunal, etc.)? Yes No

If yes, please provide details:

Have you previously filed this complaint using a Form 515A - Human Rights Incident Reporting Form:

Yes No

Accommodation(s) (Please advise of any accommodation or accessibility needs):

Declaration: I certify that the information provided on this form is accurate

Complainant's Signature: _____ Date: _____

The information contained on 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***.

INSTRUCTIONS FOR HANDLING THIS FORM: Once complete and signed, please email the form to:
Workplaceharassmentcomplaints@TDSB.ON.CA