

A. Complainant's Name: _____

Address: _____

Student Staff Faculty Other

Department/Program: _____ Campus _____

B. Respondent's Name: _____

Address: _____

Student Staff Faculty Other

Department/Program: _____ Campus _____

C. Section of the Respectful Workplace Policy that this complaint is being filed under:

D. In your own words, and in the space provided below, please indicate the details of your complaint under the Respectful Workplace Policy. *If you would like to provide a more detailed description, please attach to this form.*

Please describe any actions that you have taken to try to resolve this problem.

What do you require to resolve this complaint?

Signature of complainant: _____ Date: _____

Please submit this form to the Executive Director of Human Resources and Organizational Development as per Section B of the Respectful Workplace Policy.

*Please note that **this document and any attachments to it** that you provide in the course of filing a complaint is held in confidence by the College. The complaint form and its attachments will be disclosed to the respondent named in the complaint and to the investigator, adjudicators and mediators appointed to assist with the resolution of this complaint, as outlined in the policy procedures. **Your signature confirms that you have been made aware and give permission for the above use of this information.***