



**STAFF GENERAL – BULLYING AND HARASSMENT AND DISCRIMINATION
COMPLAINT FORM**

CISPG POLICY MANUAL

Human Resources

Policy 476

The purpose of this Complaint Form is to assist you and those responsible for addressing the complaint to resolve the issues that are brought forward that meet the definition of workplace bullying, harassment and/or discrimination.

Please provide all necessary information.

Name of Complainant: _____

Email: _____ **Phone Number:** _____

Name of alleged person(s) [Respondent (s)]: _____

**PLEASE DESCRIBE IN AS MUCH DETAIL AS POSSIBLE THE BULLYING AND HARASSMENT and/or
DISCRIMINATION INCIDENT(S) BY INCLUDING THE FOLLOWING IN THE FIELDS BELOW:**

Names of the person(s) involved

Witnesses to the incident (s) (provide names and contact information)

Location(s), date (s) and time(s) of the incident(s)

Details about the incident(s)-behaviour and /or words used

Any additional details related to the incident(s)

Please attach additional information if required: supporting documents such as: emails, handwritten notes, photos, and/or physical evidence (such as vandalized personal belongings).

Information about Workplace Bullying and Harassment and Discrimination Complaint Form

1. All information on the complaint form is confidential and is only shared with the appropriate authorities.
2. The alleged person (the Respondent) has a right to know the allegations as provided on the Complaint Form.
3. Third party information is kept confidential.
4. Witnesses provided by the Complainant may be interviewed by the Principal (investigator), Superintendent, or designate.
5. The policies and procedures in the CISPG BULLYING and HARASSMENT and DISCRIMINATION PREVENTION POLICY that pertains to the case will be followed.
6. For any clarifications or inquiries regarding complaint policies, procedures, please contact the Principal of the school or the Superintendent’s Office – 250-964-5642.

Signature: _____

Date: _____

References:	Date: August 2023
	Revisions: