

# CLE FORMAL HARASSMENT COMPLAINT

## COMPLAINANT INFORMATION

<b>Name</b>		<b>Phone Number</b>	
<b>Lot #</b>			

## WITNESS INFORMATION - Please list Names of Possible Witnesses

<b>Name</b>		<b>Lot #</b>		<b>Phone #</b>	
<b>Name</b>		<b>Lot #</b>		<b>Phone #</b>	

## INFORMATION ABOUT THE INDIVIDUAL(S) YOU FEEL HAS/HAVE HARASSED YOU

<b>Name of Individual</b>		<b>Date of Incident</b>	
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## IN YOUR OPINION IS THE HARASSMENT BASED ON ANY OF THE FOLLOWING?

*Check all boxes that apply to your situation*

<input type="checkbox"/> Sexual Orientation	<input type="checkbox"/> Religion	<input type="checkbox"/> Sex
<input type="checkbox"/> Nationality	<input type="checkbox"/> Disability	<input type="checkbox"/> Age
<input type="checkbox"/> Place of Origin	<input type="checkbox"/> Family Status	<input type="checkbox"/> Creed
<input type="checkbox"/> Physical Weight/Height	<input type="checkbox"/> Colour	<input type="checkbox"/> Race
<input type="checkbox"/> Marital Status	<input type="checkbox"/> Ancestry	<input type="checkbox"/> None of the Above

## IF NOT BASED ON ANY OF THE ABOVE GROUNDS, IS THE HARASSMENT BASED ON EITHER OF THE FOLLOWING:

- A. An incident that has caused you to be humiliated or intimidated?  Yes  No
- B. A single incident that has had a lasting effect on you?  Yes  No

<p><b>Describe the conduct, comments or display you found objectionable.</b> Give details (Date/Location etc) of the incident(s) that is/are the basis of your complaint.</p>
<p><b>What type of Resolution do you seek?</b> <i>(facilitated meeting with alleged harasser; apology; workshops or training sessions; mediations; or other)</i></p>

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## DECLARATION

I hereby confirm the statement(s) contained in this complaint are true to the best of my knowledge. I understand a copy of this complaint will be provided to the alleged harasser for the purpose of investigating this complaint.

<b>Signature</b>	
<b>Date</b>	

I acknowledge receipt of this complaint.

<b>Signature</b>	
<b>Date</b>	

Upon receipt of this document, an Incident Investigation is to be completed and recorded on the Incident Investigation Form