



# Respectful Workplace Complaint Form

At BCNU everyone is responsible for contributing to a respectful workplace. BCNU is committed to making every effort possible in investigating complaints of unacceptable behaviour and in taking appropriate action to correct the situation and prevent recurrence. This form is to be used in conjunction with the complaint procedure accompanying the Respectful Workplace Policy.

**File Number** (Office use only)

## Section A COMPLAINANT INFORMATION ABOUT YOU

\_\_\_\_\_

Last Name

\_\_\_\_\_

First or Given Name

\_\_\_\_\_

Home Phone

\_\_\_\_\_

Cellular Phone

\_\_\_\_\_

E-Mail

## Section B ALLEGATION

I, \_\_\_\_\_ believe that \_\_\_\_\_  
Name of Complainant Name of Respondent  
in the position of \_\_\_\_\_ has subjected me to unacceptable behaviour in the course of  
employment at BCNU on or about the \_\_\_\_\_ - this in contravention of the BCNU Respectful Workplace Policy.  
day month year

## Section C COMPLAINT

Please explain why you believe that you have been subject to unacceptable behaviour, or specify what part of BCNU's Respectful Workplace Policy has not been adhered to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Section D DETAILS OF COMPLAINT

Describe the nature of the complaint providing as much detail as possible Please list particulars of the incident separately

Date	Time	Location	Behaviour/Incident
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Impact** As a result of the above incident(s), I experienced the following consequences :  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section E****WITNESS INFORMATION & SUPPORTING DOCUMENTATION**

I believe the following people will corroborate my report of this incident:

Name of Witness or Contact	Area Code	Phone Number	E-Mail
_____	_____	_____	_____
_____	_____	_____	_____

Please list and attach any supporting documentation or evidence

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Section F****ACTION TAKEN TO DATE**

I have taken the following action to address the unacceptable behaviour:

Date	Time	Location	Action Taken
_____	_____	_____	_____
_____	_____	_____	_____

Action taken by other parties on my behalf – e.g. coordinator, excluded staff

Date	Time	Location	Action Taken	Name of Other Parties
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please list results from any action taken

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Section G****NOTICE TO RESPONDENT**

I have  I have not  informed the Respondent that a complaint is being filed

**Section H****APPROACH TO RESOLUTION**

As a resolve to this matter, I would like the following to occur :

\_\_\_\_\_

\_\_\_\_\_

At this time, I wish to proceed with the following resolution method :

<input type="checkbox"/> <b>informal</b>	<input type="checkbox"/> <b>formal</b>	Date _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
I request the assistance of _____		Date _____	

All formal complaints are referred to a designated BCNU excluded staff member or the president for investigation.

