

Form F451 Workplace Harassment: Formal Complaint

RENFREW COUNTY DISTRICT SCHOOL BOARD

WORKPLACE HARASSMENT: FORMAL COMPLAINT

- To be completed by the complainant or the complainant's representative.
- Please review Administrative Procedure 451 before completing this form.
- Written statements from the complainant should be attached to this form.

Workplace harassment means a course of vexatious comment or conduct directed at a specific individual that serves no legitimate work purpose and renders the workplace environment intolerable for that individual. Workplace harassment occurs when an individual is repeatedly singled out for serious mistreatment, which may include threats, bullying, cyber bullying, verbal assault, taunting, ostracizing or violent gestures and actions. For greater clarity, the exercise of management functions, such as supervision, performance appraisal, training, instruction, correction, counselling or discipline, shall be deemed to constitute a legitimate work purpose unless such functions were carried out in a demonstrably abusive manner (as defined in Administrative Procedure 451).

- Complainant is aware of rights (as per Administrative Procedure 451).
- If the complainant and respondent are both teachers, the complainant has met the reporting obligations under section 18(1)(b) of the *Regulation Made Under the Teaching Profession Act*.

Date of this formal complaint: _____

A. IDENTIFICATION OF PARTIES TO COMPLAINT:

Name of Complainant: _____

Position: _____

Worksite: _____

Representation: _____
(Union, Federation, Association, Other)

Name of Respondent: _____

Position: _____

Worksite: _____

B. DETAILS OF THE ALLEGATION BY COMPLAINANT:

Date(s) of incident(s) or time frame: _____

Date complainant or representative informed the respondent that the behaviour was objectionable: _____

Date(s) of previous attempt(s) at informal resolution, if applicable: _____

Has the complaint been reported previously? Yes _____ No _____

If yes, to whom, and what actions were taken? (Please use additional pages if necessary.)

State what was said/done, when, where and how, times, dates, locations and names of witnesses. Use the specific language that was used; tell exactly what happened; and give the location of any incidents and possible witnesses. Please attach written statements to this form.

Signature of Complainant

Date

The information contained in this form is confidential and every reasonable step will be taken to maintain confidentiality in accordance with the provisions of the *Municipal Freedom of Information and Protection of Privacy Act*. This form and any attachments will be copied to the respondent named above, in accordance with the procedures for a formal complaint described in Administrative Procedure 451 - Workplace Harassment.

Please place this form in a sealed envelope marked "Private and Confidential" and forward it to your immediate supervisor, or if the supervisor is the respondent, to the supervisor to whom that supervisor reports. The supervisor shall forward the sealed envelope to the Director's Office.