

North East School Division Administrative Procedure Form

AP-514.F1

Harassment Complaint and Conflict Resolution

In accordance with AP 514, Harassment Prevention, the Code of Conduct and other applicable division policies and procedures the following information will be kept confidential. Confidentiality does not mean anonymity as witnesses may be required during the formal investigation process.

Complainant Information

Name	Job Title/Classification
Site/Facility	
Work phone	Cell phone
Work email	Home email
Principal/Supervisor	

Witness Information (List names of possible witnesses)

Name	Position	Contact Number

Respondent Information (name of person(s) against whom this complaint is made)

Name	Position Title
Site/Facility	
Respondent's work relationship to you (if applicable)	

In your opinion, is the harassment based on any of the following? (check all that apply)

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

If not based on any of the above grounds, is the harassment based on either of the following:

- a) Repeated incidents that have caused you to be humiliated or intimidated? Yes No
- b) A single serious incident that has had a lasting harmful effect on you? Yes No
- c) Sexual Harassment Yes No

Details of the Complaint – In your own words, describe the conduct, comments or display you found objectionable. Give details of date and location of the incident(s) that is/are the basis of your complaint? Feel free to attach additional pages or documents relating to the harassment.

<p>1. What was the alleged harassment? Be specific -see AP 514.</p>
<p>2. When did the alleged conflict take place? If more than once record all dates and witnesses to the incident that pertain to the complaint.</p>

What type of resolution do you seek? (ex. Supervisor to direct or counsel the person to correct conduct, facilitated meeting with alleged harasser, apology, workshop/training, mediation, or other)

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 provide to the alleged harasser (s) for the purpose of investigating this complaint.

Signature:

Date:

Please return the completed form to:

North East School Division – Human Resources Department
Box 6000
Melfort, SK S0E 1A0
Email – hr@nesd.ca
Confidential Fax: (306)752-4533