

: Complaint Form

Instructions for completing this form: This form is intended for the use of NOSM community members only to report complaints and/or incidents they believe violate the Human Rights and Anti-Harassment/Discrimination Policy ("HRAP"). Please ensure that you fill out every section of the form accurately, attach any supporting documentation you may have and ensure that it has been signed and dated. Upon completion of the form, please provide it to your supervisor as outlined in the ("HRAP") Policy. If you are unsure of your supervisory authority, please submit to NOSM Human Resources who will guide you in the process.

Complainant Information

Complainant's Name	
Telephone Number	Alternative Telephone Number
Email	Work Location

Details of Person(s) Involved in the Complaint

Person 1		
First Name		Last Name
Telephone Number	Alternative Telephone Number	Work Email
<input type="checkbox"/> Respondent (alleged to have engaged in wrongdoing) <input type="checkbox"/> Witness <input type="checkbox"/> Other: _____		
Person 2		
First Name		Last Name
Telephone Number	Alternative Telephone Number	Work Email

<input type="checkbox"/> Respondent (alleged to have engaged in wrongdoing) <input type="checkbox"/> Witness <input type="checkbox"/> Other: _____
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Details of Person(s) Involved in the Complaint (Continued)

Person 3

First Name		Last Name
Telephone Number	Alternative Telephone Number	Work Email

<input type="checkbox"/> Respondent (alleged to have engaged in wrongdoing) <input type="checkbox"/> Witness <input type="checkbox"/> Other: _____
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Person 4

First Name		Last Name
Telephone Number	Alternative Telephone Number	Work Email

<input type="checkbox"/> Respondent (alleged to have engaged in wrongdoing) <input type="checkbox"/> Witness <input type="checkbox"/> Other: _____
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Complaint Details

Include dates, times, and details of specific behaviour and/or words used. Attach additional pages if necessary

Complaint Ground (check all that apply):

<input type="checkbox"/> Age <input type="checkbox"/> Ancestry <input type="checkbox"/> Citizenship <input type="checkbox"/> Colour <input type="checkbox"/> Creed/Religion <input type="checkbox"/> Disability <input type="checkbox"/> Ethnic Origin <input type="checkbox"/> Family Status <input type="checkbox"/> Gender Expression <input type="checkbox"/> Gender Identity <input type="checkbox"/> Marital Status <input type="checkbox"/> Place of Origin	<input type="checkbox"/> <input type="checkbox"/> Record of Offence <input type="checkbox"/> Reprisal <input type="checkbox"/> Sex (including Pregnancy & Breastfeeding) <input type="checkbox"/> Sexual Orientation <input type="checkbox"/> Sexual harassment (Sex) <input type="checkbox"/> Sexual harassment (Sexual orientation) <input type="checkbox"/> Sexual harassment (Gender Identity) <input type="checkbox"/> Sexual harassment (Gender Expression) <input type="checkbox"/> Workplace Harassment <input type="checkbox"/> <input type="checkbox"/> Membership or activity or non-activity in a Union or Staff Association <input type="checkbox"/> Other
Employee (Complainant) Signature	Date (yyyy-mm-dd)