: 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	
□ Respondent (alleged to have engaged in wrongdoing)			
□ Witness			
□ Other:			
Person 2			
First Name		Last Name	
Telephone Number	Alternative Telephone Number	Work Email	

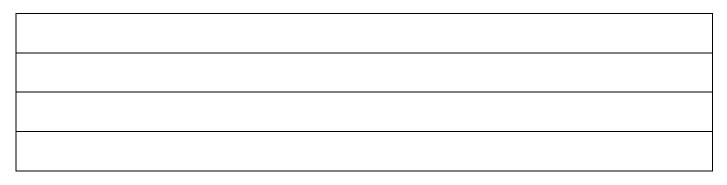
□ Respondent (alleged to have engaged in wrongdoing)	
□ Witness	
□ Other:	

Details of Person(s) Involved in the Complaint (Continued)

Person 3			
First Name		Last Name	
Telephone Number	Alternative Telephone Number	Work Email	
□ Respondent (alleged to I	nave engaged in wrongdoing)		
□ Witness			
□ Other:			
Person 4			
First Name		Last Name	
Telephone Number	Alternative Telephone Number	Work Email	
□ Respondent (alleged to have engaged in wrongdoing)			
□ Witness			
□ Other:			

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):

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