

**RESPECTFUL COLLEGE COMMUNITY – OHS-008**

**Appendix B: Formal Complaint Form**

*(Forward Completed Form to Executive Director of Human Resources)*

<i>Date of Report (m/d/y)</i>	<i>Date of Incident/s (m/d/y)</i>
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**Complainant Information**

<i>Name:</i>	<i>Email:</i>	
<i>Staff</i> <input type="checkbox"/>	<i>Student</i> <input type="checkbox"/>	<i>Other</i> <input type="checkbox"/>

**Respondent Information**

<i>Name:</i>	<i>Email:</i>	
<i>Staff</i> <input type="checkbox"/>	<i>Student</i> <input type="checkbox"/>	<i>Other</i> <input type="checkbox"/>

**Witnesses**

<i>Name:</i>	<i>Contact Information:</i>
<i>Name:</i>	<i>Contact Information:</i>

**Incident**

<i>Type of Incident:</i>				
<input type="checkbox"/> <i>Verbal</i>	<input type="checkbox"/> <i>Physical</i>	<input type="checkbox"/> <i>Written</i>	<input type="checkbox"/> <i>Cyber/Electronic</i>	<input type="checkbox"/> <i>Other</i>

*Details of Incident: (Please provide specific details of the incident. Please provide details with respect to any Self Managed or Alternative resolution strategies that have been attempted)*

\_\_\_\_\_  
Complainant's Signature

\_\_\_\_\_  
Received By

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date