



## ADMIN 127 Formal Complaint Form

*Retain a copy for your records.*

It is the policy of Loyalist College to build and preserve a positive environment for all its community members. If the informal route for resolving a harassing or discriminatory situation fails or is not appropriate, the college supports its employees in filing a complaint via this format.

File Number (office use only):

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### Section A: Complainant (information about you)

Last Name:	
First Name:	
Home Phone:	
Cell Phone:	
Email:	

### Section B: Claims

I, \_\_\_\_\_ (name of complainant) believe that  
\_\_\_\_\_ (name of respondent (s)) in the position of \_\_\_\_\_  
subjected me to unacceptable behaviour in the course of employment at Loyalist College on or about  
the \_\_\_\_\_ (day, month, year).

### Section C: Complaint

Please explain why you believe that you have been subject to unacceptable behaviour and indicate under what avenue you are pursuing this complaint.

*Please check the appropriate box:*

- ☐ Academic Collective Agreement
- ☐ Occupational Health and Safety Act
- ☐ Support Staff Collective Agreement
- ☐ Ontario Human Rights Code
- ☐ Student Code of Conduct
- ☐ Other (please specify): \_\_\_\_\_

**Explanation:**

#### **Section D: Details of Complaint**

Describe the nature of the complaint providing as much detail as possible. Please list particulars of the incident(s) separately.

<b>Date</b>	<b>Time</b>	<b>Location</b>	<b>Behaviour/Incident</b>

#### **Impact**

**As a result of the above incident(s), I experienced the following consequences:**

#### **Section E: Witness information and supporting documentation (optional/if applicable)**

I believe the following people will corroborate my report of this incident:

<b>Name of Witness or Contact</b>	<b>Phone Number</b>	<b>Email</b>

Please list and attach any supporting documentation or evidence.

**Section F: Action Taken to Date (if applicable)**

I have taken the following action to address the unacceptable behavior:

Date	Time	Location	Action Taken

Action taken by other parties on my behalf – e.g. coordinator, admin staff

Date	Time	Location	Action Taken	Name of other(s)

Please list the results from any action taken.

**Section G: Notice to respondent**

☐ I have      ☐ I have not      informed the Respondent that a complaint is being filed.

## Section H: Approach to Resolution

As a resolution to this matter, I would like the following to occur:

## Section I: Complainant acknowledgement

I understand that:

- Loyalist College will proceed with the appropriate action to resolve this matter.
- Maintaining confidentiality is important and that breeches of confidentiality may result in disciplinary action.
- I may have a representative and/or support person present at any stage of this complaint.

The information I have provided on this form is accurate to the best of my knowledge.

Signed at (location): \_\_\_\_\_ on this date: \_\_\_\_\_

Signature of complainant: \_\_\_\_\_

***This form is confidential once completed.*** Please note that this document and any attachments to it that you provide while filing a complaint will be held in confidence by Loyalist College. The claims made on the complaint form and its attachments will be disclosed to the respondent(s) named in the complaint and to the investigator and mediators appointed to assist with the resolution of this complaint, as outlined in the policy procedures. Your signature confirms that you have been made aware and give permission for the sharing of this information.