



Employee 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. This form is intended for submitting complaints in accordance with the following policies: *ADMIN 125 Sexual Assault and Sexualized Violence, ADMIN 127 Harassment and Discrimination, and OHS 007 Workplace Violence.*

File Number (office use only):

--

Section A: Complainant (information about you)-

☐ Employee ☐ Other (e.g.: Contractor, Visitor) _____

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

Does complainant require support resources? ☐ Yes ☐ No

Does complainant require a representative present while completing the form? ☐ Yes ☐ No

Section B: Claims

I, _____ (name of complainant), believe that
_____ (name of respondent(s)), in the position of
_____, subjected me to inappropriate conduct, specifically

☐ Harassment, ☐ Discrimination (Protected Grounds), ☐ Workplace Sexual Harassment,

☐ Workplace Sexual Violence, ☐ Workplace Violence, on or

about _____ (day, month, year)

Note: If there is a need to provide additional information, please utilize a separate Word document, citing the relevant section(s).

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:

- ☐ ADMIN 127 Harassment & Discrimination Policy
- ☐ ADMIN 125 Sexual Assault and Sexualized Violence Policy
- ☐ OHS 007 Workplace Violence Prevention Policy
- ☐ 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.

Date	Time	Location	Behaviour/Incident

Impact

As a result of the above incident(s), I experienced or observed 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:

Name of Witness or Contact	Phone Number	Email

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.