

**APF_420_Respectful Workplaces
Complaint Form**



Name of Complainant:		
Complainant Position:	Work Site:	Work Phone #
Name of Complainant Administrator/Supervisor:	Work Phone #	
Name(s) of other party or parties involved:		
Location of incident(s):		
Date and time of incident(s):		

Personal statement

Please describe in as much detail as possible the bullying and harassment incident(s), including:

- any witnesses to the incident(s)
- details about the incident(s) (behaviour and/or words used)
- any additional details that would help with an investigation

Attach any supporting documents, such as emails, handwritten notes, or photographs. Physical evidence, such as vandalized personal belongings, can also be submitted.

Signature	Date
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