Government of the Northwest Territories Harassment Free and Respectful Workplace Policy

Complaint Form

I. PERSON MAKING THE COMPLAINT Name: Position: Work Phone: Home Phone: E-mail Address: **Employing Department and Community:** Immediate Supervisor Name and Position: II. NAME OF PERSON(S) YOU ARE COMPLAINING ABOUT Name: Position: **Employing Department and Community:** Is this person your immediate Supervisor? Yes ☐ No ☐ Name: Position: **Employing Department and Community:** Is this person your immediate Supervisor? Yes No No

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III. GROUNDS FOR COMPLAINT(S)

Harassment: unwanted conduct that can be reasonably considered to have the purpose or effect of violating an individual's dignity and can reasonably be considered to result in creating an intimidating, hostile, degrading, humiliating, or offensive environment for that individual based on one or more prohibited grounds of discrimination listed in the *Human Rights Act*.

Prohibited grounds of discrimination listed in the *Human Rights Act* include: race, colour, ancestry, social conciliation, family affiliation, marital status, political belief or association, place of origin, ethnic origin, nationality, religion or creed, sex, sexual orientation, gender identity, disability, age, or pardoned criminal conviction.

Personal Harassment: unwanted conduct that can be reasonably considered to have the purpose or effect of violating an individual's dignity and can reasonably be considered to result in creating an intimidating, hostile, degrading, humiliating, or offensive environment. Personal harassment does not have to be based on a prohibited ground of discrimination listed in the *Human Rights Act*.

Sexual Harassment: unwanted sexual contact that can be reasonably considered to have the purpose or effect of violating an individual's dignity and can reasonably be considered to result in creating an intimidating, hostile, degrading, humiliating or offensive environment for that individual, whether on a one time basis or in a series of incidents; or that an individual might reasonably perceive as placing a condition of a sexual nature on his or her employment or on an opportunity for training or promotion.

Abuse of Authority: occurs when an employee improperly uses the power and authority inherent in his or her manager position to endanger an employee's job, undermine the performance of that job, threaten the economic livelihood of the employee, or in any way interferes with or influences the career of the employee. It does not include the legitimate power and proper exercise of a manager's responsibilities, including disciplinary measures, distribution of work assignments, training, staffing decisions or performance evaluations.

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| IV. Please check the ground(s) under the policy for which you are filing your complaint. | | | |
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| | <u>yo</u> | ur complaint. | |
| | | Harassment | |
| | | ou are filing a complaint of harassment (as opposed to personal harassment) ase indicate what prohibited ground(s) you believe it to be based on: race | |
| V. | Ple | ease check the type(s) of behaviour giving rise to your complaint | |
| | | | |
| | | Conduct/Action Gesture Verbal | |
| | | | |
| VI. | /I. <u>Specific Complaint</u> | | |
| | sur | ease provide a summary of the incident(s) you are filing a complaint about. Your mmary should include all of the following. (You may also attach any additional cumentation you find necessary). | |
| | 1. | Date and time the incident(s) occurred. | |
| | 2. | Location the incident(s) occurred. | |
| | 3. | Person(s) involved, including names and positions. | |
| | 4. | Names and positions of any witnesses to the incident(s). | |
| | 5. | A detailed description of the incident. (Try to write exactly what people said or did. Use quotation marks to show when the words are "exactly" what a person said). | |
| | 6. | Describe how your complaint relates to the grounds you have selected. For example, if your complaint is based on a prohibited ground, please explain <i>how</i> it relates. | |
| | 7. | Would you consider mediation as an option to resolve this issue? | |
| | | | |
| | | | |
| | | Day/Month/Year Signature of Complainant | |