

Respectful Workplace Complaint Form

Please review PSB policy 505 Respectful Workplace, which defines various terms, disrespectful behaviour, and the investigation process.

To file a formal complaint, fill out all of the information requested below as completely as possible. Return the form to the Director of Human Resources. Attach a separate page if additional space is needed.

SECTION 1			
Complainant Information (person submitting the allegation of disrespectful behaviour)			
Name:	Today's date:		
Home address:			
Home/cell phone:	Email:		
Worksite:	Position:		
Work phone:	Supervisor:		
SECTION 2			
	aviour) **If your complaint has more than one Respondent, complete a Position: co-worker, supervisor, etc.):		
SECTION 3			
Description of alleged disrespectful behaviour (incident) Was the incident toward you or another person? If the incident was toward another person, complete a, b, c, and d below. If the incident was toward you, proceed to the date and time of the incident. a) Name of the person who you feel was disrespected: b) Position: c) Have you discussed the incident with this person? Yes d) Does this person know you reported the incident? Yes No			
Were there any attempts to resolve the situation?			

How did the incident impact you or the person you feel was disrespected?		
If the incident was reported to a supervisor, provide details (who, when, what action was taken, etc.).		
Is th	ere any physical evidence that supports your complaint? Yes 🔲 No 🔲 *If yes, attach a copy of the evi	dence.
Wha	t would you like to see as an outcome?	
SEC	TION 4	
Plea	se read and initial each numbered section below.	
1.	I certify the information provided in this complaint to be accurate, true, and complete, to the best of my	
	knowledge	
2.	I understand that making a frivolous or vexatious allegation is a violation of the Public Schools Branch	
	Respectful Workplace policy and may be subject to disciplinary actions	
3.	I acknowledge that, in order to preserve the integrity of the process and to protect the interests of all	
	parties, I will maintain confidentiality and will not discuss this complaint with anyone other than those who need to know.	
4.	I understand that the Public Schools Branch and their representatives will maintain the confidentiality of	
ч.	any information gathered as a result of this complaint, but will share such information as necessary to	
	pursue resolution, including disclosing the complaint and related information to the Respondent, or as	
	otherwise required by law	
5.	I acknowledge that it is not the role of the Public Schools Branch to identify any remedies or procedures	
	that are or may be available outside the policy and that I am solely responsible for exploring such options	
	should I choose to do so.	
6.	I realize that an investigation will be initiated once this complaint has been filed.	
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	Submitted by (signature) Date	_
	Received by (signature) Date	-
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Submit this form to the Director of Human Resources

Public Schools Branch 2-234 Shakespeare Drive Stratford, PE C1B 2V8 For questions, contact the Human Resources Department @ 902-368-6819

Complaints should be submitted in as timely a manner as possible, keeping in mind that the more time that elapses, the more difficult it might be to substantiate the complaint.

Personal information on this form is collected under section 31(c) of *the Freedom of Information and Protection of Privacy Act* as it relates directly to and is necessary for the activities of the Public Schools Branch. If you have any questions about this collection and sharing of information, please contact the Director of Human Resources at 902-368-6819 or toll free 1-800-280-7965.