

WCUMSS Discrimination, Harassment and Workplace Bullying

Report Form

The purpose of this Report Form is to make a formal complaint under WCUMSS's Discrimination, Harassment and Workplace Bullying Policy. By submitting this form to the Director, you are asking WCUMSS to respond to your complaint by carrying out an investigation under its Procedures.

Please fill out this form to the best of your ability. If you need assistance filling out the form, please see support from the Director. Once completed, this form should be emailed to director@bamfieldmsc.com.

Name:

Contact information

Phone: _____

Email: _____

Affiliation: _____

Respondent Name:

Contact Info: _____

Affiliation: _____

Are there any witnesses or other individuals with information about this incident?

Yes _____

No _____

Please provide names and contact information of witnesses:

Witness 1: _____

Witness 2: _____

Witness 3: _____

Allegations:

Discrimination _____

Harassment _____

Workplace Bullying _____

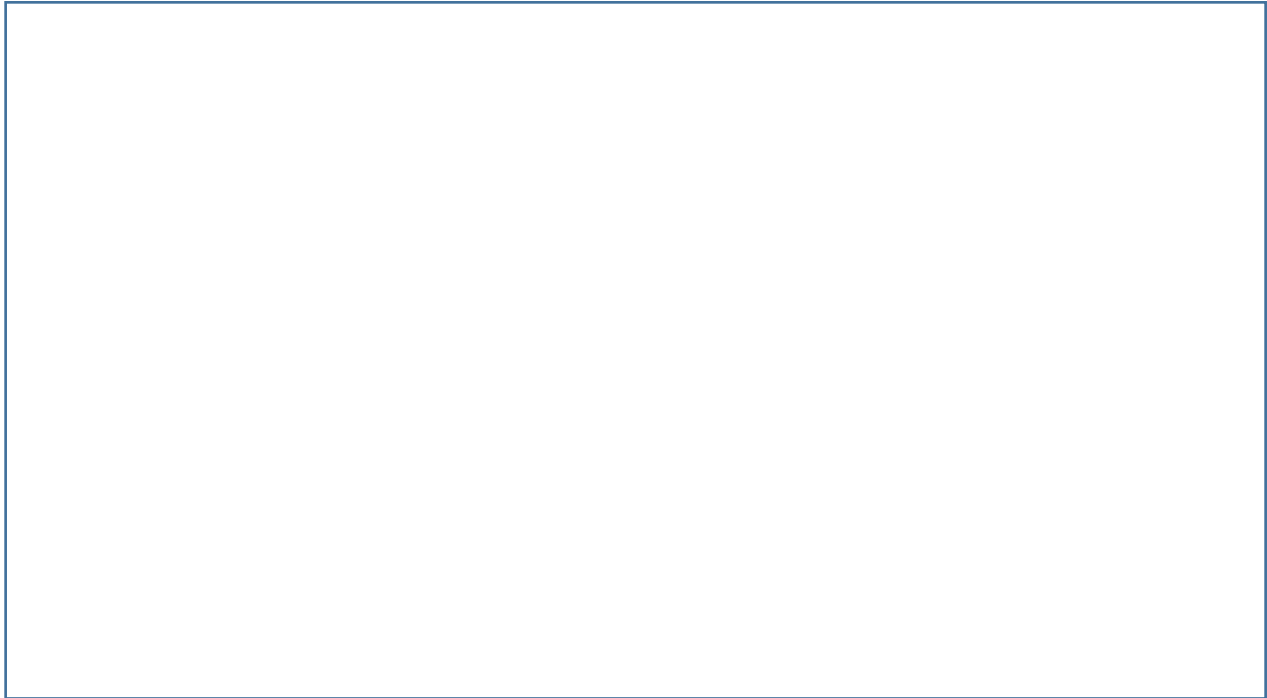
Personal statement

In your own words, please tell us what happened. We understand this may be a difficult process and so encourage you to take the necessary time to complete this form. Please provide a summary of the following to the best of your ability:

- the location, date and time of the incident(s)
- details about the incident(s) (what happened)
- any additional details that would help with the investigation

Add additional sheets if required to identify and explain the incidents.

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



Signature

Date