

# Formal Complaint Form

*Retain a copy for your records.*

It is the policy of Mohawk College to build and preserve a positive working environment for all its employees. If the informal route for resolving a harassing or discriminatory situation does not succeed or is not appropriate, the College supports its employees in filing a complaint via this format.

**File Number** (Office Use Only)

## Section A: Complainant (information about you)

Last name		First name	
Home phone	Cell phone		Email

## Section B: Claims

I, \_\_\_\_\_ believe that \_\_\_\_\_  
 (Name of Complainant) (Name of Respondent(s))  
 in the position of \_\_\_\_\_ has subjected me  
 to unacceptable behaviour in the course of employment at Mohawk College on or about  
 the \_\_\_\_\_ .  
 Day Month Year

## 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*

Academic Collective Agreement

Ontario Human Rights Code

Occupational Health & Safety Act

Respectful Conduct

Support Staff Collective Agreement

Explanation:

## Section D: Details of complaint

Describe the nature of the complaint providing as much detail as possible. Please list particulars of the incident separately.

<b>Date (dd/mm/yyyy)</b>	<b>Time</b>	<b>Location</b>	<b>Behaviour/Incident</b>

## Impact

As a result of the above incident(s), I experienced the following consequences:

## Section E: Witness information and supporting documentation

I believe the following people will corroborate my report of this incident:

<b>Name of witness or contact</b>	<b>Area code</b>	<b>Phone number</b>	<b>Email</b>

Please list and attach any supporting documentation or evidence.

## Section F: Action taken to date

I have taken the following action to address the unacceptable behavior:

<b>Date (dd/mm/yyyy)</b>	<b>Time</b>	<b>Location</b>	<b>Action taken</b>

Action taken by other parties on my behalf – e.g. coordinator, admin staff

<b>Date (dd/mm/yyyy)</b>	<b>Time</b>	<b>Location</b>	<b>Action taken</b>	<b>Name of other(s)</b>

Please list the results from any action taken.

