

Appendix 1.0

Workplace Violence and/or Harassment Incident Report

This incident report is to be completed by an employee/individual who has allegedly been the victim of Workplace Violence and/or Harassment. The term allegedly is used because individuals involved are innocent until proven otherwise. When this report is completed, it must be submitted to either your Manager, Supervisor, Joint Health and Safety Committee or Human Resources Manager. If your concern is regarding your direct Manager or Supervisor, then it may be submitted directly to the Chief Administrative Officer (CAO), Joint Health and Safety Committee or the Human Resources Manager.

1. Complainant Information

Name: _____
Position Title: _____
Department: _____
Phone Number: _____

2. Respondent (alleged offender) Information

If your complaint has more than one Respondent, please complete a separate complaint form for each.

Name: _____
Department: _____
Position Title: _____

3. Description of Violence and/or Harassment Incident

Please describe, in as much detail as possible, the incident using the following questions:

- Was this an act of violence, harassment or both?

- Who was involved?

- What was specifically said or done (words, tone, actions, etc.)?

- When did it happen (dates and times)?

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- Where did it primarily occur?

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- Describe any witnesses to the incident(s) (names and contact information, if possible)

- How have the incident(s) impacted you?

- If the incident(s) was reported to management (please provide details - who, when, what action was taken etc.)?

4. Relevant Time Period

- When did the workplace Violence and/or Harassment begin?

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- When did the most recent incident occur?

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5. Summary Information

Questions	Yes	No	Unsure
Involves multiple incidents of workplace violence and/or harassment			
Involves a single incident of workplace violence and/or harassment			
Involves physical contact and/or assault			
Involves verbal abuse and/or threats			
Involves reprisal and/or retaliation			
Involves abuse of authority (use of authority serving no legitimate work purpose)			
Involves sexual harassment (harassment which is gender based/of a sexual nature)			
Involves discriminatory harassment (based on prohibited ground grounds of discrimination)			

If the answer was "yes" to the last question (discriminatory harassment) what Prohibited Ground was the basis of the workplace violence and/or harassment?

- Prohibited Grounds means race, ancestry, place of origin, color, ethnic origin, citizenship, creed, sex, sexual orientation, age, marital status, family status or disability, or any other prohibited grounds set out in the Human Rights Code.

6. Certification and Signature

I certify the information provided in the incident report to be accurate, true, and complete to the best of my knowledge.

I understand that I will not be subject to any adverse treatment because of making this complaint, ~~provided that~~if it has not been made for improper purpose and that I have not provided information that I know to be incorrect, untrue, or misleading.

I acknowledge that, 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 (e.g., management representatives, and union ~~representative~~representatives).

I understand that the Town of Claresholm will maintain the confidentiality of any information gathered ~~as a result of~~because of this complaint but will share such information as necessary to pursue the investigation and resolution, including disclosing the complaint and related information to the Respondent or as otherwise required by law.

(Name-Please Print)

(Signature)

(Date)