

RESPECTFUL WORKPLACE FORMAL COMPLAINT FORM

At the College of New Caledonia (CNC) everyone is responsible for contribution to a respectful workplace. CNC is committed to making every effort in investigating complaints of unacceptable behavior and in taking appropriate action to correct the situation and prevent recurrence.

If you have decided to file a formal complaint under the Respectful Workplace Policy the following information is required in order to help in the investigation of your complaint. Once the form has been filled out, please make sure you sign and date it and then submit it to the Executive Director of Human Resources at https://executive.org/linearing/https://executive.org/linearing/https://executive.org/l

Complainant Information	
Complainant's Name:	
Address:	Phone:
Department/Program:	Campus:
CNC Email:	
Respondent Information	
Who is the complaint filed against? (Respondent's) Name: _	
Pepartment/Program:Campus:	
CNC Email (If known):	
Complaint Information	
Relationship of the Respondent to you through CNC:	
Is this complaint about discrimination or harassment be covered by the BC Human Rights Code, specifically: ra religion, age, marital status, family status, physical or n orientation, political belief or criminal or summary offe	nce, colour, ancestry, place of origin, nental disability, sex, sexual
Yes □ No □	

2.	Substance of complaint: Where did the incident related to your complaint occur?
3.	Please explain why you believe you have been the subject to unacceptable behavior by describing the incident(s) leading to your complaint. It is important to include date(s) and time(s) of the incident(s). What happened? Detail the fact and history of the conduct. Please list witnesses to the incident(s) if available. If your complaint is about a protected ground covered by the Human Rights Code, please state, which protected ground and why you believe you were harassed or discriminated against. Continue your complaint on the next page and use additional paper if necessary and attach it to this form.

4.	Describe what steps you have taken to try to resolve this issue and/or any help/advice you have received regarding this issue prior to filing this complaint. • First time this incident has occurred • Ongoing issue (I have spoken with the Respondent about this in the past) • Ongoing issue (I have not spoken with the Respondent about this in the past)
5.	What do you require to resolve this complaint?
6.	By signing this complaint form, I hereby authorize CNC to conduct an investigation into my complaint as described in this complaint form and attachments, if any, and to disclose the particulars of my complaint to the respondent.
	I understand that all information regarding a complaint is to be treated in confidence and that I will only disclose this information on a "need to know" basis. I further understand that any allegation or complaint of discrimination, harassment or sexual harassment will be considered personal information "supplied in confidence" for the purpose of Section 22(2) of the Freedom of Information and <i>Protection of Privacy Act</i> . This section entitles me to confidentiality of both my name and the substance of the complaint. I also understand that my name or the circumstances of the complaint will not be disclosed to any person except where disclosure is necessary for the purpose of investigating the complaint. The substance of investigative reports and the substance of meetings held by those in authority to make a decision on what to do about the complaint, regardless of whether it is substantiated, will be protected from disclosure to third parties in accordance with Section 22(2)(f) and Section 22(2)(h) of the <i>Act</i> .
Sig	gnature of complainant: Date: