

Respect in the Workplace – Harassment Report Form

Cypress Mountain



CONFIDENTIAL

Description of Allegation (<i>this section to be completed by complainant or witness</i>)		
Complainant (name/department)		
Respondent (name/department)		
Witness (name/department)		
Describe the incident:		
Complainant authorization to bring the report forward? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Supporting Documentation (<i>photographs, emails, notes, etc</i>)		
Person Reported To (<i>Supervisor / Manager / OH&S Officer / HR</i>)		
Name	Dept	
Time / Date		
Initial Response		
Follow Up Required		
Date Complete		
Signatures		
Complainant Name (please print)	Signature	Date
Witness Name (please print)	Signature	Date
Complainant Name (please print)	Signature	Date

Copy given to complainant YES DATE _____