



COMPLAINT FORM
Administrative Procedure 170
RESPECTFUL & SAFE WORKING AND LEARNING ENVIRONMENT

Name of Complainant: _____

School/Workplace: _____

Home Phone: _____

Work Phone: _____

Person(s) suspected of violence, discrimination, and/or harassment (respondent): _____

Nature of the allegations:

Date(s), time(s) and place(s) where the incident(s) took place:

Did anyone witness the incident?

Yes

No

If Yes:

a) Name(s) of witness (es): _____

b) Description of their respective role in the incident.

How did you react to the incident?

If applicable, describe any incidents that took place previously.

I hereby certify that to the best of my knowledge the above-mentioned information is true, accurate and complete. I understand that by signing this document I agree that a copy may be given to the respondent(s), the respondent's representative and the Deputy Superintendent.

Signature of the Complainant

Date

