CENTENNIAL COLLEGE

APPENDIX A CONFIDENTIAL

Harassment and/or Discrimination Complaint Form

Name of Complainant:_____

Please check if you are: ❑Employee ❑Student ❑Contractor ❑Other

Phone: Cell/Work:_____ Home: _____

E-mail:_____

Department/Program Location:_____

Name of Supervisor/Chair:_____

Who is the Perpetrator? His/her location (and department or employer)_____

_____

_____

Prohibited Ground and/or definition in the Policy that this complaint is filed under:

_____

_____

Nature of Complaint (Please indicate in your own words, what happened or attach a separate sheet):

_____

_____

_____

_____

_____

_____

_____

When:_____

_____

Where:_____

_____

Resolution Desired:_____

_____

_____

Additional information:

Please answer the following questions in regards to the incident(s):

1. What were the specific incident(s)? (Who did or said what?)

_____

_____

_____

_____

_____

2. In what context did they occur? (Where, when, how?)

_____

_____

_____

_____

_____

3. What action have you taken, if any, to resolve the issue? (e.g. Have you told the person that his/her behavior is not welcome or appropriate?)

_____

_____

_____

_____

_____

4. Who may have seen or heard the incident (names of witnesses)?

_____

_____

_____

Signature:_____ Date:_____

Note: Filing a harassment or discrimination complaint is taken very seriously by Centennial College.
Please ensure that your information is complete and accurate.
When a complaint is determined to be frivolous, vexatious or in bad faith disciplinary action may be taken against the Complainant.

Please submit this form to: Human Resources (for complaints against employees) or the Student Relations Office (for complaints against students). Retain a copy for yourself.