

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.