



Complaint Form

Harassment and Discrimination Prevention Policy

A. Contact information

A1. Complainant's name: _____

Street name: _____ Street #: _____

City/Town: _____ Postal code: _____

Email: _____ Daytime phone: _____

Cell phone: _____ TTY: _____

B. Questions about the Respondent

B1. Provide the name and contact information for any Respondent against which you are filing this complaint. If using additional paper, please date and number each page:

Respondent name	Respondent contact information

C. Complaint details

C1. Describe the incident(s) that you believe was personal harassment and/or harassment and discrimination contrary to the OPSEU Harassment and Discrimination Prevention Policy. If using additional paper, please date and number each page:

D. Remedies requested

D1. Please describe what remedies you are seeking in order to resolve this complaint. If using additional paper, please date and number each page:

E. Documents that support your complaint

E1. Please list the documents below that are important to your complaint. Please include copies of the documents you list. If using additional paper, please date and number each page:

1 _____

2 _____

3 _____

F. List of witnesses

F1. Please provide a list of witnesses who are relevant to your complaint. If using additional paper, please date and number each page:

Witness	Contact information

G. Name of advisor: _____

H. Mediation

H1. Do you agree to participate in mediation of the complaint?

Yes No

I. Basis of Complaint

- Personal harassment

- Harassment and Discrimination contrary to the *Ontario Human Rights Code*
Please select all grounds that apply:
- Race
- Colour
- Ancestry
- Place of origin
- Ethnic origin
- Creed
- Sex (including sexual harassment and pregnancy)
- Sexual solicitation or advances
- Citizenship
- Age
- Gender identity
- Gender expression
- Sexual orientation
- Disability
- Family status
- Marital status
- Condonation of harassment and/or discrimination
- Reprisal or threat of reprisal
- Association with a person identified by a ground listed above

J. Communication with the Equity Unit

The Equity Unit will communicate with the parties via email. If you require information in another format, please indicate below:

- Phone Mail

K. Signature

Complainant's Signature: _____

Date: (mm/dd/yyyy) _____



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For further Information, please contact:
OPSEU Equity Unit
100 Lesmill Road, Toronto, Ontario
M3B 3P8
Telephone: 416.443.8888 ext. 8790 or 1.800.268.7376