



Response Form

Harassment and Discrimination Prevention Policy

A. Contact information

A1. Respondent's name: _____

Street name: _____ Street #: _____

City/Town: _____ Postal code: _____

Email: _____ Daytime phone: _____

Cell phone: _____ TTY: _____

B. Questions about any additional Respondent(s)

B1. Please complete this section if another respondent was named in the complaint.

Respondent name	Respondent contact information

C. Response details

C1. Please summarize the facts and defenses that support your response to the complaint. Please respond to each incident or event included in the complaint. If using additional paper, please date and number each page:

D. Documents that support your response

D1. Please list the documents below that are important to your response. Please include copies of the documents you list. If using additional paper, please date and number each page:

1 _____

2 _____

3 _____

E. List of witnesses

E1. 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

F. Name of advisor _____

G. Mediation

G1. Do you agree to participate in mediation of the complaint?

Yes No

H. 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

I. Signature

Respondent's Signature: _____

Date: (mm/dd/yyyy) _____



Response Form

Harassment and Discrimination Prevention Policy

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