

# **Canadian Association for Equality Harassment Incident Report and Investigation Form**

## **Individual reporting the incident**

Name:

Address:

Telephone Number:

Department:

Position:

Name of Supervisor:

## **Known details of accused**

Name:

Position:

Supervisor:

## **The person the complaint is referring to if different from complainant reporting:**

Name:

Address:

Telephone Number:

Department:

Position/Job Title:

Name of Supervisor:

**Describe the Nature of the complaint, including the circumstances in which the incident took place and whether the incident was previously reported to anyone.**

**List the following:**

**Relevant witnesses:**

**Date and Time:**

**Location:**

**If the complained of activity occur more than once? If so, when did it start and when did it stop? Is it still going on?**

I confirm that the incident reported here is an accurate description of what occurred and that false allegations are a violation of the policies of the Canadian Association for Equality. I understand that the incident(s) described above will be investigated, I will be given an opportunity to explain further, and I will be informed of the results of the investigation.

Complainant's Signature

Date:

**FOR OFFICE USE ONLY**

Matter was referred to investigation on:

Investigation was undertaken by:

Investigation was completed on:

Final report was produced on:

Parties were informed of outcome on: