Please complete all the relevant information in this form to facilitate the review of your complaint. For information about the investigative process consult CBE [Administrative Regulation 4038 | Harassment, Sexual Harassment and Discrimination.](http://www.cbe.ab.ca/GovernancePolicies/AR4038.pdf)
The information collected on this form may be used in an investigation and may be shared with the respondent. Personal information will be redacted and withheld.

Submit this form to the Superintendent, Human Resources either by email or internal mail:

C/o Robert W. Armstrong
Superintendent, Human Resources
Education Centre, 1221 – 8th Street SW T2R 0L4
rwarmstrong@cbe.ab.ca

1 | Complainant Information

This is the person who is making the complaint.

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name:** |  | **Job Title/Role:** |  |
| **School/Department/Work Site:** |  |
| **Preferred Mailing Address:** |  |
| **Phone Number (day time):** |  | **Alternate Phone:** |  |
| **Email:** |  |

2 | Respondent Information

This is the person who is responsible for the harassing/discriminating behaviour. If there is more than one respondent, please complete a form per respondent.

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name:** |  | **Job Title/Role:** |  |
| **School/Department/Work Site:** |  |
| **Work relationship with you (e.g. co-worker, manager etc.):** |  |

3 | Witness Information

List any witnesses here. If there are more than three witnesses, attach the information in a word document with this form.

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name:** |  | **Job Title/Role:** |  |
| **Full Name:** |  | **Job Title/Role:** |  |
| **Full Name:** |  | **Job Title/Role:** |  |
| **Full Name:** |  | **Job Title/Role:** |  |

4 | Allegation(s)

Please select any of the following that apply to the nature of your allegation(s):

|  |  |  |
| --- | --- | --- |
| [ ]  **Harassment** | [ ]  **Sexual Harassment** | [ ]  **Discrimination** |

As per [CBE Administrative Regulation 4038 | Harassment, Sexual Harassment and Discrimination](https://www.cbe.ab.ca/GovernancePolicies/AR4038.pdf):

**Harassment means:** any behavior or pattern of repeated behavior that disparages, humiliates or harms another person, or denies an individual’s dignity and respect and is demeaning or humiliating to another person. This includes sexual harassment which covers any unwelcome behavior either intentional or unintentional that is sexual in nature.

**Sexual Harassment means:** any unwelcome sexual behavior that adversely affects, or threatens to affect, directly or indirectly, a person’s job security, working conditions or prospects for promotions.

**Discrimination means:** any type of behavior that includes practices or actions, intentional or otherwise that is exclusionary, denies access or differentiates adversely and is based on such aspects as: race, religious beliefs, colour, gender, sexual orientation, physical/mental disability, ancestry, place of origin, marital status, family status, source of income or age.

5 | Allegation(s) – Details

Provide details on **each** incident of harassing/discriminating behaviors - provide only the facts detailing the allegation(s).

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** (YYYY-MM-DD) | **Location** | **Person(s) Involved** | **Witness(es)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Describe in detail the behavior i.e. what the respondent(s) said or did that led this complaint.***You may also attach a separate document with the details of the behaviors and note it below.* |
|  |
| **Date of last incident (must be within one year of filing complaint):** |  |  |
|  | (YYYY-MM-DD) |  |
| **Have you presented your concern(s) to the person(s) offending you?** | [ ]  **Yes** [ ]  **No** |
| **If Yes, how and when was it done? What was the outcome? If No, please explain your reasons.***You may also attach a separate document with the details of the behaviors and note it below.* |
|  |

6 | Desired Remedy/Solution

Describe your desired remedy/solution.

|  |
| --- |
| *You may also attach a separate document with the details of the behaviors and note it below.* |
|  |

7 | Complainant Signature

|  |
| --- |
| I attest that this document is a true statement of my complaint and I understand that a copy may be provided to delegated authorities. |
|  |  |  |  |  |
|  | Signature |  | Date (YYYY-MM-DD) |  |