

## **Appendix D: Respectful Workplace Anti-Discrimination and Anti-Harassment Policy Complaint Form**

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Mohawk College strives to build and preserve a positive working environment for the college community. Reporting an incident of workplace discrimination or harassment will initiate the processes outlined in [Appendix C](#).

The complaint process begins with the complaint intake and assessment.

Complainants are encouraged to read the [Respectful Workplace Anti-Discrimination Anti-Harassment Policy](#), [Procedures](#) and [Definitions](#) in advance of submitting this form.

To begin the complaint process, please provide as much information as you can on this form.

If you wish to submit anonymously, you may do so online through the current mechanism for anonymous reporting. The Mitrach Ethics Hotline is a third-party service that provides an anonymous avenue for submitting complaints. Complaints can be submitted through the [Whistle Blowing reporting channel](#).

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### **Nature of Complaint**

Please select the basis for your complaint from the following list. You can select more than one option. For an explanation of each basis listed, refer to [Appendix A, Definitions](#).

Harassment.

Discrimination. Please identify the specific ground. You can select more than one option.

|  |                    |
|--|--------------------|
| Race                                       | Sexual orientation |
| Ancestry                                   | Gender identity    |
| Place of origin                            | Gender expression  |
| Colour                                     | Age                |
| Ethnic origin                              | Record of offences |
| Citizenship                                | Marital status     |
| Creed                                      | Family status      |
| Sex (includes pregnancy and breastfeeding) | Disability         |
|  | I am not sure      |

Violence. If your complaint relates to an Incident of violence that is not based on discrimination or harassment, **stop completing this form** and refer to the [Violence Prevention and Protection Policy](#) for more information on how to report the Incident.

Sexual Harassment. If your complaint relates to sexual harassment, **stop completing this form** and refer to the [Sexual Assault and Sexualized Violence Policy](#) for more information on how to report the Incident.

Hate crime. If your complaint relates to a hate crime, **stop completing this form** and **contact police immediately**. To report the Incident to the college, refer to the [Violence Prevention and Protection Policy](#).

Other, please specify.

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## Personal Information

Preferred name (full) (required):

Preferred pronouns:

Preferred email (required):

Preferred phone (required):

If you are an Employee of Mohawk College:

Banner ID:

Department:

Position title:

If you are a contractor, volunteer or visitor to campus:

What is your relationship to the college?

## Incident Details

*For the definition of capitalized terms, refer to [Appendix A, Definitions](#).*

Provide a **brief description** of the Incident (if more than one Incident, briefly describe each Incident).

If known, provide the name and position of Respondent involved (or Respondents, if more than one).

Provide a **detailed account** of each Incident, including specific behaviours, comments or actions that you believe were discriminatory or harassing. Please include dates and locations where possible.

## Supporting Evidence

If you have any documents, emails, text messages or other evidence relating to the Incident, please attach them to this form. If you are using Adobe Reader to complete this form, you can attach files using the Comment tool.

If you are not able to attach supporting documents at this time, please retain them as they will be asked for later.

## **Impact**

How has this Incident affected you personally, professionally, emotionally and/or physically?

## **Witnesses**

Were there any Witnesses to the Incident?      No      Yes

If known, please provide their names and contact information.

Did you tell anyone about the Incident?      No      Yes

If known, please provide their names and contact information.

### **Previous Actions Taken**

Please describe any steps you have taken to address the situation. Leave blank if you have not taken any steps.

### **Desired Outcome**

What would you like to see happen as a result of this complaint?

### **Accommodations**

If you are requesting any accommodations during the complaint process, please specify.

### **Support and Resources**

Would you like information on available internal and external support services?

|    |     |
|----|-----|
| No | Yes |
|----|-----|

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### **Confidentiality Statement**

The college strives to maintain confidentiality to the extent possible. However, in some cases, limited disclosure may be necessary to conduct a thorough investigation.

## Declaration

(required)

I understand that by submitting this form, I am initiating a complaint process for which I am seeking support for resolution.

I confirm that the information provided is true to the best of my knowledge.

I understand that I may be contacted for further information or clarification.

I understand that filing a false complaint may result in disciplinary action.

I understand that my identity may be disclosed to the Respondent.

I understand that the information I have shared will be kept confidential to the extent possible.

By entering my name in the Signature field below (required), I am signing this document electronically. I agree that my electronic signature is the legal equivalent of my manual/handwritten signature on this document.

Signature:

Date:

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## Next Steps

Thank you for bringing this matter to our attention. Please refer to the [Respectful Workplace Anti-Discrimination Anti-Harassment Procedures](#) for how to submit this form once completed.

Your complaint will be reviewed and you will be contacted promptly to discuss the next steps in the process. We are committed to addressing your concerns thoroughly and impartially.

If you need immediate assistance or support, please contact the college's [Employee and Family Assistance Program](#).