

Bystander Complaint Form

Employees of the Government of Newfoundland and Labrador can use this form to initiate the bystander complaint process under the Harassment-Free Workplace Policy. All complaints must be in writing. Please email your completed form to the Harassment-Free Workplace Manager at HFWMManager@gov.nl.ca. For assistance or for more information, please call 1-709-729-2497.

1. Bystander Information

Name: _____ Pronouns: _____
Position Title: _____ Department: _____
Work Location: _____ Position Type: _____
Supervisor: _____ Union (if applicable): _____
Telephone: _____ Email: _____
Mailing Address: _____

2. Parties Involved

Who was allegedly harassed? _____
Who committed the alleged harassment? _____

3. Description of Alleged Harassment

Time Period

When did the alleged harassment begin? _____
When did the most recent incident of alleged harassment occur? _____

Frequency

Does the complaint involve: a single incident multiple incidents

Location

Where did the alleged harassment primarily occur? _____

Detailed Account

Please describe, in as much detail as possible, the incident(s) of alleged harassment. You may attach additional sheets if required.

Please include:

- who was involved;
- what was specifically said or done (words, tone, actions, etc.);
- when it happened (dates and times);
- where it happened;
- any witnesses to the incident(s) described (names and contact information, if possible);
- if the incident(s) was reported to anyone (please provide details - who, when, what action was taken, etc.).

4. Signature

I certify the information provided in this complaint to be accurate, true, and complete to the best of my knowledge. I understand that I will not be subject to any adverse treatment as a result of making this complaint, provided that it has not been made for an improper purpose and that I have not provided information that I know to be incorrect, untrue, or misleading.

I further acknowledge that, in order to preserve the integrity of the process and to protect the interests of all parties, I will maintain confidentiality and will not discuss this complaint with anyone other than those who need to know (i.e. union representative, Harassment-Free Workplace Manager, investigators, legal counsel, healthcare providers, EAP/RWP Coordinators, and/or management representatives). I understand that the Employer will maintain the confidentiality of any information gathered as a result of this complaint, but will share such information as necessary to pursue resolution, including disclosing the complaint and related information to the Parties or as otherwise required by law.

I acknowledge that a bystander who reports behaviour which contravenes the Policy will not be considered as a Complainant.

(Name – Please Print)

(Signature)

(Date)