

# Harassment Complaint Form

Employees of the Government of Newfoundland and Labrador can use this form to initiate the 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](mailto:HFWMManager@gov.nl.ca). For assistance or for more information, please call 1-709-729-2497.

## 1. Complainant Information

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

## 2. Respondent Information

If your complaint has more than one Respondent, please complete a separate complaint form for each individual.

Name: \_\_\_\_\_ Department: \_\_\_\_\_  
Position Title: \_\_\_\_\_ Work Location: \_\_\_\_\_

What is your relationship to the Respondent? \_\_\_\_\_

## 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? \_\_\_\_\_

**Allegation Summary**

Does the allegation(s) involve:	Yes	No	Unsure
Physical contact and/or assault	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verbal abuse and/or threats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reprisal and/or retaliation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abuse of authority (use of authority serving no legitimate work purpose)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual harassment (harassment which is gender-based/of a sexual nature)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discriminatory harassment (based on prohibited ground of discrimination)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If "yes", what prohibited ground? \_\_\_\_\_

**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);
- how the incident(s) impacted you; and
- if the incident(s) was reported to anyone (please provide details - who, when, what action was taken, etc.).

## 4. Interim Measures

Are there any interim measures that you would like the Employer to consider taking pending resolution of your complaint (e.g. separation of Parties,  Yes  No workspace relocation)?

If yes, please describe the requested measure and the reason why you think it is necessary.

## 5. Other Processes

Have you initiated any other process to deal with these allegations of harassment (e.g. grievance, Human Rights complaint, Office of the Citizens' Representative complaint, legal action, etc.)?  Yes  No

If yes, please provide details of the process, including the status.

## 6. Demographic Information (Optional)

For statistical purposes, please complete the following demographic questions.

What is your gender identity? \_\_\_\_\_

Please indicate your age bracket. \_\_\_\_\_

	Yes	No
Do you identify as a person with a disability?	<input type="checkbox"/>	<input type="checkbox"/>
Do you identify as an indigenous person?	<input type="checkbox"/>	<input type="checkbox"/>
Do you identify as a racialized person (non-Caucasian, non-white)?	<input type="checkbox"/>	<input type="checkbox"/>
Do you identify as a member of the LGBTQ2+ community?	<input type="checkbox"/>	<input type="checkbox"/>

## 7. 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 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 Respondent or as otherwise required by law.

I acknowledge that filing this complaint does not prevent me from pursuing any other remedies that may be available (e.g. grievance, Human Rights complaint, Office of the Citizens' Representative complaint, legal action, etc.), which are separate and distinct from the Harassment-Free Workplace Policy. I acknowledge that it is not the role of the Harassment-Free Workplace Manager to identify any remedies or procedures that are or may be available outside the Policy and that I am solely responsible for exploring such options should I choose to do so.

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*(Name – Please Print)*

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*(Signature)*

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*(Date)*