The University of Guelph takes all reasonable steps to ensure that an employee’s right to freedom from harassment and discrimination is upheld. For more information concerning the definition of harassment, refer to the University’s Policy and Program on Workplace Harassment Prevention, 851.01.18 found at: https://www.uoguelph.ca/hr/policies/harassment-prevention-workplace-policy

The purpose of this report is to obtain sufficient information about the incident to trigger action by appropriate individuals. Submit the completed form to Occupational Health & Wellness (OHW).

Fax or Send to (519) 780-1796 / ohw@uoguelph.ca

This form is not to be used to report incidents of workplace violence. For violence-related cares, refer to the Policy and Program on Workplace Violence Prevention at: https://www.uoguelph.ca/hr/policies/workplace-violence-prevention-program

Complainant:

Last Name: ___________________________ First Name: ___________________________ Initial: ________________

- Employee
- Student
- Visitor
- Volunteer
- Contractor
- Other ________________

Department: ___________________________ Building: ___________________________

Phone/Extension: (W) ___________________________ (C) ___________________________

Employee Group:
- UGFA Unit 1
- UGFA Unit 2
- CUPE 1334
- CUPE 3913
- Exempt
- ONA
- OSSTF/TARA
- UNIFOR
- UGFSEA
- PSA
- OPSEU
- USW
- Other (specify) ________________
Date of Incident(s)  

Where Did the Incident Occur?  
- Guelph Campus  
- Ridgetown Campus  
- Research Station: 
- Other: 

Name of Supervisor:  

Have you notified your Supervisor?  
- Yes  
- No 

Respondent(s): 

Last Name:  
First Name:  
Work Location:  

Relationship to you:  
- Co-worker  
- Employee  
- Supervisor  
- Visitor  
- Student  
- Client  
- Volunteer  
- Other (specify)  

Witness Information, if any: 

Provide a thorough description of the events, including who, what, where and when. Note witness names and dates and times of incident(s). If necessary, you may use additional pages:  

Have you notified anyone else of the events? If so, who and when?  

August 30, 2016  
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Recommendations (if any)/Remedy Sought:
__________________________________________________________________________

Reported by: ___________________________ Signature: ___________________________
Date: (yy/mm/dd) ___________________________

The University of Guelph takes every complaint of harassment in the workplace very seriously. You can assist in the investigation of the incident(s) by providing as much information and as many details as possible. Information provided about a complaint or incident will not be disclosed except to the extent necessary to protect workers, to investigate the complaint or incident, to take corrective action or as otherwise required by law. By signing this report, you certify that the information herein is factual and accurate to the best of your knowledge.

Reported received by: ___________________________
Date received: ___________________________
(zy/mm/dd)