



# Workplace Harassment Reporting Form

**CONFIDENTIAL**

Submission Date: (yy/mm/dd) \_\_\_\_\_

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](mailto: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  Ridgeway 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:**

Name: \_\_\_\_\_ Dept: \_\_\_\_\_ Phone/Ext: \_\_\_\_\_  
Name: \_\_\_\_\_ Dept: \_\_\_\_\_ Phone/Ext: \_\_\_\_\_  
Name: \_\_\_\_\_ Dept: \_\_\_\_\_ Phone/Ext: \_\_\_\_\_

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:

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

\_\_\_\_\_  
\_\_\_\_\_

Recommendations (if any)/Remedy Sought:

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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: \_\_\_\_\_  
(yy/mm/dd)