Workplace Harassment Reporting Form

CONFIDENTIAL

☐ A University Incident Report Form has been submitted to Occupational Health & Wellness

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 and discrimination, refer to the University’s Safety Policy and Program on Harassment Prevention in the Workplace, 851.01.18 found at: http://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.

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

Name of Complainant: ___________________________ Building: ___________________________

☐ Employee  ☐ Student  ☐ Visitor  ☐ Volunteer  ☐ Contractor

Department: ___________________________ Building: ___________________________

Phone/Ext: (w) ___________________________ (c) ___________________________

Bargaining Group: ☐ CARG  ☐ CEP  ☐ CUPE 1334  ☐ CUPE 3913  ☐ Exempt

☐ ONA  ☐ OSSTF/TARA  ☐ UGFA  ☐ UGFSEA  ☐ UGPSA

☐ UPA  ☐ USW  ☐ Other

Date of incident(s): ___________________________
Name of Respondent(s): ____________________________  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 the incident(s). If necessary, you may use additional pages:

____________________________________________________________________________________________________

____________________________________________________________________________________________________

____________________________________________________________________________________________________

____________________________________________________________________________________________________

____________________________________________________________________________________________________

____________________________________________________________________________________________________
Have you notified anyone else of the events? If so, who and when?
Recommendations (if any) / Remedy sought:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Reported by: ____________________________  Signature: ____________________________

Date: (yy/mm/dd) ____________________________

Submit completed form to Occupational Health and Wellness by Fax (519) 780-1796

Report received by: ____________________________  Date received: ____________________________

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. The information contained within this report will be distributed to the parties directly involved in the investigation of the complaint. By signing this report, you certify that the information herein is factual and accurate to the best of your knowledge.