

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.

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](#).

Complainant:

Full Name: _____ Initial: _____

Status:

- ☐ Employee ☐ Student ☐ Visitor ☐ Volunteer ☐ Contractor
- ☐ Other: _____

Department: _____

Building: _____

Phone/Extension: (Work) _____

(Cell) _____

UOG Email: _____

Employee Group (if applicable):

- | | | | |
|---|------------------------------------|-------------------------------------|--------------------------------|
| <input type="checkbox"/> UGFA Unit 1 | <input type="checkbox"/> CUPE 3913 | <input type="checkbox"/> OSSTF/TARA | <input type="checkbox"/> PSA |
| <input type="checkbox"/> UGFA Unit 2 | <input type="checkbox"/> Exempt | <input type="checkbox"/> UNIFOR | <input type="checkbox"/> OPSEU |
| <input type="checkbox"/> CUPE 1334 | <input type="checkbox"/> ONA | <input type="checkbox"/> UGFSEA | <input type="checkbox"/> USW |
| <input type="checkbox"/> Other (specify): _____ | | | |

Incident(s)

Date of Incident(s): _____

Where did the Incident Occur?

- | | |
|---|--|
| <input type="checkbox"/> Guelph Campus | <input type="checkbox"/> Research Station: _____ |
| <input type="checkbox"/> Ridgetown Campus | <input type="checkbox"/> Other: _____ |

Name of Supervisor: _____

Have you notified your Supervisor?

☐ Yes☐ No**Respondent(s):**

Last Name	First Name	Work Location

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

Witness Information, if any:

Name	Department	Phone number/Extension

Description of events

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?

Recommendations (if any)/Remedy Sought:

Signatures

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.

Report received by: _____

Date received: (yy/mm/dd) _____