THE CORPORATION OF THE UNITED TOWNSHIPS OF HEAD, CLARA & MARIA

COMPLAINT FORM – Harassment, Bullying and Workplace Violence Policy

Name of Complainant:_____

Nature of Complaint (i.e. Discrimination, Harassment, Violence, Other):

_____

Person Against Whom Complaint Laid:

_____

Particulars of Complaint: (Set out all facts on which complaint is based including dates and times, the identity of any witnesses and a description of the steps, if any, already taken to attempt to resolve the matter. Attach additional pages if necessary. Also, attach any supporting documents or evidence that may be of assistance in the investigation)

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I, _____ request that a formal investigation in respect of the foregoing complaint be undertaken pursuant to Municipality of the United Townships of Head, Clara & Maria Violence, Bullying and Workplace Violence Policy. I understand and acknowledge that this investigation will involve the collection of personal information about me, and I consent to the collection of this information.

_____ _____
Signature Date

_____ _____
Received in Office Date and Time By

NOTE: Personal information on this form is collected pursuant to the *Municipal Act* and The Corporation of the United Townships of Head, Clara & Maria Harassment, Bullying and Workplace Violence Policy and will be used to follow up on complaints made under this policy. Questions about the collection of this information should be directed to the Clerk-Treasurer, 15 Township Hall Road, Stonecliffe, ON, K0J 2K0, 613-586-2526.