

SHARED WORKSPACE HARASSMENT REPORT FORM

A. Complainant Information	
Date Submitted	
Complainant Name	
Contact Phone/Email	

B. Information about the Alleged Harassment	
Date of Incident	
Name/Job Title of Alleged Harasser	
Contact Phone/Email	

Please complete the following questions. *(Boxes will expand to accommodate amount of content required.)*

1. Is the harassment a repeat occurrence? If yes, please provide date of incidents.
2. Has the complainant advised the alleged harasser that they do not like the behaviour and want it to stop? If not, please explain why. If yes, what was the response?
3. Were there any witness(es) to the alleged harassment? Please include name(s) and contact information.
4. In your own words, describe the conduct, comments or display you found unacceptable. Give details of date and location of the incident(s) that is/are the basis of your complaint.

C. Declaration

I hereby confirm the statement(s) contained in this complaint are true to the best of my knowledge. I understand a copy of this complaint will be provided to the alleged harasser(s) for the purpose of investigating this complaint.

Complainant Signature

Date

I, as Executive Director of CreativePEI, acknowledge receipt of this complaint.

Executive Director Signature

Date