



CONFIDENTIAL

WORKPLACE HARASSMENT AND DISCRIMINATION COMPLAINT

To: Chief Superintendent, _____ Date: _____
Division Office

From: Name: _____ Occupation: _____
(please print)

School (or Office): _____

The particulars are as follows:

Location of alleged harassment/discrimination: _____

Date of alleged harassment/discrimination: _____

Description of alleged harassment/discrimination (use reverse side if additional space is required): _____

Complainant's Signature

Adopted September 1, 2009		
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