

## Harassment and/or Discrimination Complaint Form

Name of Complainant: \_\_\_\_\_

Please check if you are:       Employee       Student       Contractor       Other

Phone: Cell/Work: \_\_\_\_\_ Home: \_\_\_\_\_

E-mail: \_\_\_\_\_

Department/Program Location: \_\_\_\_\_

Name of Supervisor/Chair: \_\_\_\_\_

Who is the Perpetrator? His/her location (and department or employer) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Prohibited Ground and/or definition in the Policy that this complaint is filed under:

\_\_\_\_\_  
\_\_\_\_\_

Nature of Complaint (Please indicate in your own words, what happened or attach a separate sheet):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When: \_\_\_\_\_

\_\_\_\_\_

Where: \_\_\_\_\_

\_\_\_\_\_

Resolution Desired: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Additional information:**

Please answer the following questions in regards to the incident(s):

1. What were the specific incident(s)? (Who did or said what?)

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2. In what context did they occur? (Where, when, how?)

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3. What action have you taken, if any, to resolve the issue? (e.g. Have you told the person that his/her behavior is not welcome or appropriate?)

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4. Who may have seen or heard the incident (names of witnesses)?

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Note: Filing a harassment or discrimination complaint is taken very seriously by Centennial College.  
Please ensure that your information is complete and accurate.  
When a complaint is determined to be frivolous, vexatious or in bad faith disciplinary action may be taken against the Complainant.

**Please submit this form to: Human Resources (for complaints against employees) or the Student Relations Office (for complaints against students). Retain a copy for yourself.**