

Respectful Conduct Reporting Form

Personal Information of Person Filing the Complaint																	
Name:	Employee ID Number:																
Department:	Supervisor:																
Work Extension:	Other Contact Numbers (i.e. cell or home number):																
Contact E-mail:																	
Nature of the Complaint																	
<input type="checkbox"/> Human Rights Code Discrimination (please specify on what grounds below – check all that apply): <table style="width: 100%; margin-left: 20px;"> <tr> <td><input type="checkbox"/> Age</td> <td><input type="checkbox"/> Record of Offenses</td> </tr> <tr> <td><input type="checkbox"/> Race</td> <td><input type="checkbox"/> Sex (including Pregnancy)</td> </tr> <tr> <td><input type="checkbox"/> Colour</td> <td><input type="checkbox"/> Sexual Orientation</td> </tr> <tr> <td><input type="checkbox"/> Ancestry</td> <td><input type="checkbox"/> Gender Identity</td> </tr> <tr> <td><input type="checkbox"/> Creed (Religion)</td> <td><input type="checkbox"/> Gender Expression</td> </tr> <tr> <td><input type="checkbox"/> Place of Origin</td> <td><input type="checkbox"/> Marital Status</td> </tr> <tr> <td><input type="checkbox"/> Ethnic Origin</td> <td><input type="checkbox"/> Family Status</td> </tr> <tr> <td><input type="checkbox"/> Citizenship</td> <td><input type="checkbox"/> Disability</td> </tr> </table>		<input type="checkbox"/> Age	<input type="checkbox"/> Record of Offenses	<input type="checkbox"/> Race	<input type="checkbox"/> Sex (including Pregnancy)	<input type="checkbox"/> Colour	<input type="checkbox"/> Sexual Orientation	<input type="checkbox"/> Ancestry	<input type="checkbox"/> Gender Identity	<input type="checkbox"/> Creed (Religion)	<input type="checkbox"/> Gender Expression	<input type="checkbox"/> Place of Origin	<input type="checkbox"/> Marital Status	<input type="checkbox"/> Ethnic Origin	<input type="checkbox"/> Family Status	<input type="checkbox"/> Citizenship	<input type="checkbox"/> Disability
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<input type="checkbox"/> Personal Harassment/Bullying or Conflict																	
<input type="checkbox"/> Sexual Harassment or Sexual Assault/Violence																	
<input type="checkbox"/> Workplace Violence (check all that apply): <table style="width: 100%; margin-left: 20px;"> <tr> <td><input type="checkbox"/> Physical Assault</td> <td><input type="checkbox"/> Other (please identify):</td> </tr> <tr> <td><input type="checkbox"/> Threat(s)</td> <td></td> </tr> </table>		<input type="checkbox"/> Physical Assault	<input type="checkbox"/> Other (please identify):	<input type="checkbox"/> Threat(s)													
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Who is the complaint being made against?																	
Name:	Department/Organization (if available):																
Incident Details																	
Date of Incident :	Time:																
Location:																	
Explain the incident using as much detail as possible. Attach additional pages if necessary:																	
Did you tell the person to stop? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain why?																	

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Who did you report the incident to?	
Name:	
Witnesses	
Name:	Contact Number:
Name:	Contact Number:
Name:	Contact Number:
What action or result would you like to see?	
This complaint should be sent in a sealed envelope to the attention of the Director of Human Resources at Town Hall.	
Signature:	Date:

For Human Resources Use Only

Date Received:	
Assigned to:	
Investigation Commenced:	
If no investigation why not?	
Outcome:	<input type="checkbox"/> Complaint Substantiated <input type="checkbox"/> Complaint Not Substantiated
Disposition:	
Date File Closed:	
Signature:	

Personal Information on this form is collected under the authority of the Municipal Act, 2001, S.O. 2001, c. 25 and will be used for the purpose of aggregate statistical reporting, and allocation of staff and resources. Questions about this collection may be directed to the Director of Human Resources, at 905-845-6601, ext. 3244 or P.O. Box 310, 1225 Trafalgar Road, Oakville, ON L6J 5A6