**Formal Harassment, Violence or Sexual Violence Complaint Form**

This form is to be completed as per the Addressing Concerns of Harassment/Violence by University Employees and Representatives Policy and Procedure. Should you require assistance in completing this form please contact a Deputy Chief Human Resources Officer or the Deputy Provost Academic Operations.

**Submission Date (Click to Enter Date)**

**Nature of Complaint (check one):** Harassment or Violence:  Sexual Violence:

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Complainant(s)** | **Contact Number** | **Contact Email** | **AU Employee** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Y/N |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Y/N |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Y/N |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Y/N |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Respondent(s)** | **Contact Number** | **Contact Email** | **AU Employee** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Y/N |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Y/N |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Y/N |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Y/N |

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| --- | --- |
| **Attempted Informal Resolution Summary (not applicable for Sexual Violence):** | |
| Meeting Date | Click here to enter text. |
| Name of Complainant(s) | Click here to enter text. |
| Name of Respondent(s) | Click here to enter text. |
| Summary of Meeting Discussion | Click here to enter text. |
| Summary of Resolution Agreed to by Both Parties | Click here to enter text. |
| Meeting Date | Click here to enter text. |
| Name of Complainant(s) | Click here to enter text. |
| Name of Respondent(s) | Click here to enter text. |
| Summary of Meeting Discussion | Click here to enter text. |
| Summary of Resolution Agreed to by Both Parties | Click here to enter text. |
| Meeting Date | Click here to enter text. |
| Name of Complainant(s) | Click here to enter text. |
| Name of Respondent(s) | Click here to enter text. |
| Summary of Meeting Discussion | Click here to enter text. |
| Summary of Resolution Agreed to by Both Parties | Click here to enter text. |

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| **Statement of Formal Complaint of Harassment, Violence, or Sexual Violence:**  Please ensure to include all relevant factual details including, but not limited to, events, dates, times, verbal exchanges or discussions. Please ensure to attach copies of all related written or electronic correspondence. |
| Click here to enter text. |

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| **Statement of Resolution and/or Restitution Sought by the Complainant(s):** |
| Click here to enter text. |

By signing below I hereby acknowledge that the information I have provided on this form and within the accompanying documentation is true, relevant and accurate to the best of my knowledge.

|  |  |  |
| --- | --- | --- |
| **Name of Complainant(s)** | **Signature** | **Date** |
| Click here to enter text. |  |  |
| Click here to enter text. |  |  |
| Click here to enter text. |  |  |
| Click here to enter text. |  |  |

Please submit this completed form and all accompanying documentation to the designated Reporting Officer:

**Students:** Deputy Provost Academic Operations (or designate) at [reportingDPAO@athabascau.ca](mailto:reportingDPAO@athabascau.ca)

**All others:** Chief Human Resource Officer (or designate) at [reportingCHRO@athabascau.ca](mailto:reportingCHRO@athabascau.ca)

This individual will discuss next steps in the harassment/violence complaint process with you. Please ensure that you are aware of other applicable policies/procedures/forms as identified in the Addressing Concerns of Harassment/Violence Policy and Procedure.

If the complaint is about a Reporting Officer noted above please submit the form, in confidence, to the **University Secretary.**