

DISCRIMINATION, HARASSMENT, OR BULLYING COMPLAINT FORM NO. 102.E4

Date of Complaint: _____

Name of Complainant
(person completing form): _____

Are you completing this form
for yourself or someone else?: _____

Name(s) and Position(s) of Alleged Perpetrator/Respondent: _____

Date(s) of Alleged Incident(s): _____

Location(s) of alleged incident(s): _____

Name(s) of any witnesses: _____

Nature of discrimination, harassment, or bullying alleged (check all that apply):

- | | | |
|--|--|---|
| <input type="checkbox"/> Age | <input type="checkbox"/> Physical Attribute | <input type="checkbox"/> Religion/Creed |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Physical/Mental Ability | <input type="checkbox"/> Sex |
| <input type="checkbox"/> Familial Status | <input type="checkbox"/> Political Belief | <input type="checkbox"/> Sexual Orientation |
| <input type="checkbox"/> Gender Identity | <input type="checkbox"/> Political Party Pref. | <input type="checkbox"/> Socio-Economic
Background |
| <input type="checkbox"/> Marital Status | <input type="checkbox"/> Race/Color | <input type="checkbox"/> Other (specify): |
| <input type="checkbox"/> National Origin/Ethnic Background/Ancstry | | _____ |

