

Pleiades Theatre – *Respectful Workplace Policy and Program*
INCIDENT/COMPLAINT FORM

This Complaint Form is for complainants to report an incident or a complaint of workplace harassment. Please attach additional pages if required (for example, to set out details of complaint/incident).
Reference: Respectful Workplace Policy and Program, Section 6 "Reporting Workplace Harassment"

Name and contact information of person who has allegedly experienced discrimination, harassment, or bullying (your name):

Name of respondent(s) and contact information, if available:

Details of the Incident / Complaint of Discrimination, Harassment, or Bullying:

Please describe in as much detail as possible the discrimination, harassment, and/or bullying incident(s), including:

- (a) the names of the parties involved;
- (b) any witnesses to the incident(s);
- (c) the location, date and time of the incident(s);
- (d) details about the incident(s) (behaviour and/or words used);
- (e) any additional details. (Attach additional pages if required)

Details of the Incident / Complaint of Discrimination, Harassment, or Bullying (continued):

Relevant Documents/Evidence

Attach any supporting documents, such as emails, handwritten notes, or photographs. Physical evidence, such as vandalized personal belongings, can also be submitted. If you are not able to attach documents and they are relevant to your complaint, please list the documents below. If someone else has relevant documents, please also note that below.

Signature: _____ **Date:** _____