



SECTION:	Foundations and Basic Commitments	APPROVAL DATE:
SUBSECTION:	The Dignity of Person	October 5, 2009
POLICY NAME:	Respectful Working and Learning Environments	LAST REVISED:
POLICY NUMBER:	APP.B.FBC.B.10	October 5, 2009

PRIVATE AND CONFIDENTIAL

OBJECTIONAL BEHAVIOUR – FORMAL COMPLAINT FORM

INSTRUCTIONS TO EMPLOYEES: This form must be completed and signed by the complainant and submitted to his/her Administrator or Supervisor. A copy of all formal complaints are to be forwarded to the Executive Manager, Human Resources or Designate.

Please note: When the complainant and respondent are both teachers, the complainant must meet the reporting obligations of Section 18(1)(b) of the Teaching Profession Act.)

1. Complainant Information:

Complainant Name: _____ Date: _____

I am a Employee Student Parent Contractor Visitor Other

Phone Number: _____ Contact Information: _____

Site or Work Location: _____ Position (if Applicable): _____

If you are an employee of the WCDSB, provide your Administrator/Supervisor's name below:

Administrator/Supervisor Signature: _____ Date Received: _____

2. Occurrence(s) of Objectionable Behaviour (What, Where, When, and Witnesses):

Include all incidences of objectionable behaviour. Please attach a separate typewritten sheet if there are more than two (2) occurrences that you would like to report.

Describe Objectionable Behaviour:

Date of Occurrence:

Incident Location: _____ Witness(es): _____

Date complainant informed the respondent that the behaviour was unwelcome:

Describe Objectionable Behaviour: _____ Date of Occurrence: _____

Incident Location: _____ Witness(es): _____

Date complainant informed the respondent that the behaviour was unwelcome:

3. Informal Complaint Resolution:

Date of attempt at informal resolution: _____ Has the complaint been reported previously?
Yes No

If yes, to whom and what actions were taken? (Please attach typewritten pages if necessary)

The information contained in this form is confidential and every reasonable step will be taken to maintain confidentiality in accordance with the provisions of the Municipal Freedom of Information and Protection of Privacy Act. This form and any attachments will be copied to the respondent(s) named above, in accordance with the Formal Complaints Process.

I the undersigned, declare that the foregoing statements are true to the best of my knowledge, information and belief.

Complainant's Signature: _____ Date (dd/mm/yy): _____

Instructions For Handling This Form:

Please print the completed form and place it in a sealed envelope marked "PRIVATE AND CONFIDENTIAL". Forward the envelope to the Executive Manager, Human Resources, Wellington Catholic District School Board, 75 Woolwich Street, P.O. Box 1298, Guelph, ON N1H 6N6

DO NOT RETAIN COPIES OF THE COMPLETED FORM