

**Living Sky School Division No. 202**  
**Administrative Procedure (AP) Form**



Form Name: 5.32A Formal Harassment Complaint Form	
<b>Procedure Type:</b>	Human Resources
<b>Attached to Procedure:</b>	5.32 Harassment (Employees)
<b>Last Reviewed:</b>	June 2024

Complainant Information			
Name:		Phone Number:	
School:		Position:	
Supervisor's Name:		Phone Number:	

Information on Alleged Harassment			
Alleged Harasser:		Position:	

**Basis of harassment complaint** *(please refer to AP 5.32 – Harassment, definition of harassment when determining how complaint meets definition of harassment. Use area below to explain)*

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**Description of alleged harassment** *(please describe conduct, displays or events that were considered objectionable, including dates and locations of events below)*

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Witness(s) to alleged harassment		
Name <i>(enter info below)</i>	Position <i>(enter info below)</i>	Contact Number <i>(enter info below)</i>

<b>Resolution Sought</b>			
<input type="checkbox"/>	<b>Informal Resolution</b>	<input type="checkbox"/>	<b>Formal Complaint</b>
<b>What do you hope is the outcome of bringing this concern forward?</b> <i>(enter info below)</i>			

By signing below, I confirm that the information provided is truthful and accurate to the best of my knowledge.			
Signature:		Date:	