

Workplace Bullying and Harassment and Discrimination Complaint Reporting Form

Name of Complainant:	Complainant department name:
Complainant contact information:	Type of complaint: Bullying and Harassment <input type="checkbox"/> Discrimination <input type="checkbox"/>
Name of Respondent:	Respondent's department or relationship to RRU:

Personal statement

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

- The names of the parties involved
- Any witnesses to the incident(s)
- The location, date, and time of the incident(s)
- Details about the incident(s) (behaviour and/or words used)
- Any additional details that would help with an investigation

Attach any supporting documents, such as emails, handwritten notes, or photographs. Physical evidence, such as vandalized personal belongings, can also be submitted.

Complainant Signature:	Date: