



# ARMT Internal Complaint Form Against Harassment

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*This form is to be completed by an employee/individual who has allegedly been harassed. When completed, it can be submitted to the ARMT Internal Complaint Committee.*

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## 1. Complainant Information

Name: \_\_\_\_\_

Department: \_\_\_\_\_

Position Title: \_\_\_\_\_

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## 2. Respondent Information

*If your complaint has more than one Respondent, please complete a separate complaint form for each.*

Name: \_\_\_\_\_

Department: \_\_\_\_\_

Position Title: \_\_\_\_\_

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## 3. Description of Alleged Harassment

Please describe, in as much detail as possible, the incident(s) of alleged harassment. You may attach additional sheets if required. Please include:

- who was involved;
- what was specifically said or done (words, tone, actions, etc.);
- when it happened (dates and times);
- where it happened;



- any witnesses to the incident(s) described (names and contact information, if possible);
- how the incident(s) impacted you; and
- if the incident(s) was reported to management (please provide details- who, when, what action was taken, etc.).

4. Relevant Time Period

When did the alleged harassment begin? \_\_\_\_\_

When did the most recent incident of alleged harassment occur?

\_\_\_\_\_

5. Summary Information

Involves multiple incidents of alleged harassment	Yes/ No/ Unsure
Involves a single incident of alleged harassment	Yes/ No/ Unsure
Involves physical contact and/or assault	Yes/ No/ Unsure
Involves verbal abuse and/or threats	Yes/ No/ Unsure
Involves reprisal and/or retaliation	Yes/ No/ Unsure
Involves abuse of authority (use of authority serving no legitimate work purpose)	Yes/ No/ Unsure
Involves sexual harassment (harassment which is gender-based/ of a sexual nature)	Yes/ No/ Unsure
Involves discriminatory harassment (based on prohibited ground of discrimination)	Yes/ No/ Unsure

If "yes" above, what prohibited ground was the basis of the alleged harassment?



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Where did the alleged harassment primarily occur?

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6. Signature

I certify the information provided in this complaint to be accurate, true and complete to the best of my knowledge. I understand that I will not be subject to any adverse treatment as a result of making this complaint, provided that it has not been made for an improper purpose and that I have not provided information that I know to be incorrect, untrue, or misleading. I acknowledge that, in order to preserve the integrity of the process and to protect the interests of all parties, I will maintain confidentiality and will not discuss this complaint with anyone other than those who need to know (i.e. union representative, Harassment-Free Workplace Manager, investigators, legal counsel, health care providers, EAP/RWP Coordinators, and/or management representatives).

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7. Interim Measures

Do you believe that the Employer needs to take any interim measures pending resolution of your complaint (e.g. separation of Parties, workspace relocation)?

Yes/ No

If yes, please describe the requested measure and the reason why you think it is necessary.

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8. Other Processes

Have you initiated any other process to deal with these allegations of harassment (e.g. grievance, Human Rights complaint, Office of the Citizens' Representative complaint, legal action, etc.)?

Yes/ No

If yes, please provide details of the process, including the status.

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9. Additional Complainant Information

Position Type: \_\_\_\_\_ Union: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_ Work Location: \_\_\_\_\_

Address for Correspondence: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship to Respondent (e.g. manager, subordinate, co-worker, client, etc.):

\_\_\_\_\_

\_\_\_\_\_

10. Demographic Information (Optional)

*For statistical purposes, please complete the following demographic questions.*

What is your gender identity? \_\_\_\_\_

Please indicate your age bracket. \_\_\_\_\_

Do you identify as a person with a disability? Yes / No

Do you identify as an indigenous person? Yes / No

Do you identify as a racialized person (non-Caucasian, non-white)? Yes / No

Do you identify as a member of the LGBTQ2+ community? Yes / No