

Interlake School Division

Statement of Complaint Form

Complainant's Name: _____

Work Location/Position: _____

Contact Numbers: _____

Name and Position of the person who the complainant is filed against:

In your own words, please indicate the details of your complaint. If you would like to provide more details, or require additional space, please attach to this form. Please provide a detailed description of the incident(s), which includes what happened, dates, times, places, names of persons directly involved as well as the names of any witnesses to the incident.

Please describe what actions, if any, that you have taken to try to resolve this problem.

What resolution are you seeking?

Complainant's Signature

Date

Important – Please Read:

- 1. The filing of this complaint does not guarantee that an investigation will occur. The complaint will be reviewed and an assessment made by the employer as to whether an investigation is warranted and/or whether an informal resolution process should be pursued.**
- 2. This document and any attachments that you provide in the course of filing a complaint will be held in confidence. The complaint form and its attachments may be disclosed to the Respondent named in the complaint, as outlined in the policy procedures. Your signature confirms that you have been made aware and give permission for the above use of this information.**
- 3. Filing this complaint in no way limits your ability to consider other options such as a complaint under the Human Rights Code or filing of a grievance under a Collective Agreement.**

**SUBMIT COMPLETED FORM TO YOUR IMMEDIATE SUPERVISOR IN A
CONFIDENTIAL ENVELOPE.**