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DISCRIMINATION & HARASSMENT COMPLAINT FORM FOR STUDENTS

Use this form to report a complaint of discrimination and/or harassment that you believe violates the school's Discrimination & Harassment policy.

Complainant & Respondent Information									
Name of Complainant:									
Student ID#:									
Pronouns (They / She / He etc.,):									
Complainant Department / Program:									
E-mail Address:									
Contact Telephone Number:									
Relationship to Respondent (if any):									
Name of Respondent(s)									
Respondent Department / Program (if known):									
		tick all that apply)							
	=	n between Provincial jurisdictions.							
DISCRIMINATIO		HARASSMENT							
Colour 🗆	Ethnic Origin	National Origin							
Citizenship	Creed/Religion	Sexual Orientation							
*Social Condition God local local in God local local local in God local local local local in God local	Age □	Gender Expression □							
Gender Identity	Marital Status	Family Status							
Disability \square	*Political Belief 🗌	Sex (incl. pregnancy & breastfeeding)							

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	Alle	gatio	n(s)					
Date(s) of incident(s): (Be as specific as you can)								
Location(s): (Be as specific as you can)								
Names of witness(es): (If any – include any contact info you have)								
Single incident or several? (Be as specific as you can)								
Describe the	e allegation(s) in yo	our o	wn w	ords (be as c	detailed as yo	ou can).	
				(Plea	se add a	dditional pages	if you need	them)
Do you have any supporting o	documents or evidence?		YES			NO		
Do any witness(es) or others he may support your complaint?	nave any evidence that	YES		NO		I DON'T	KNOW	
Attach any supporting docume photographs. Physical evider are not able to attach docume below. If someone else has re-	nce, such as vandalized p ents and they are relevar	ersona nt to yo	al beloi our coi	ngings, o mplaint,	can als	o be submit	ted. If yo	