

**For Office Use Only****Complaint:****Department/Agency:****Date Filed:****Complaint Number:**

If you believe you have experienced or witnessed offensive behaviour (discrimination, harassment, sexual harassment) in the workplace, you may complete this form and forward it to:

**Respectful Workplace Coordinator  
Public Service Commission, World Trade & Convention Centre  
1800 Argyle Street, P.O. Box 943  
Halifax, N.S., B3J 2V9  
Phone (902) 424-2741  
Fax (902) 424-0631**

Please mark envelope “confidential” and print clearly.

**Please note:**

The decision to file a formal Respectful Workplace complaint is a serious one; complaints should be undertaken with great care. All information regarding a complaint is to be treated as confidential and disclosed on a need to know basis, only.

If you have questions about completing this form, please contact the Respectful Workplace Office or consult a Human Resource Professional.

**Section A:  
Complainant Information**

*Please complete the following section, providing information you would like the Respectful Workplace Office to use to contact you in relation to your complaint.*

**Name (First & Last):** \_\_\_\_\_

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

**Department/Division:** \_\_\_\_\_

**Manager's Name & Division:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Alternate Phone Number (optional):** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Alternate E-Mail Address (optional):** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

\_\_\_\_\_

**Alternate Mailing Address (optional):** \_\_\_\_\_

\_\_\_\_\_

**Section B:  
Respondent Information**

*Please complete and attach one "Section B" Page for each Respondent involved in your complaint.*

**Name (First & Last):** \_\_\_\_\_

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

**Department/Division:** \_\_\_\_\_

**Manager's Name & Division:** \_\_\_\_\_

**Work Phone Number (If Known):** \_\_\_\_\_

**Work E-Mail Address (If Known):** \_\_\_\_\_

**Work Mailing Address (If Known):** \_\_\_\_\_

*Please select **one** of the following:*

**The Respondent is my direct supervisor:**      Yes                          No

**Section C:  
Your Complaint**

What form(s) of offensive behaviour are you alleging to have experienced and/or witnessed from the Respondent?

Please check **all** that apply.

**Discrimination**

**Harassment**

**Sexual Harassment**

**If you have selected “Discrimination,”** please select the applicable ground(s) of discrimination from the list below.

Please check **all** that apply.

**Age**

**Colour**

**Creed**

**Ethnic, National or Aboriginal Origin**

**Family Status**

**Irrational Fear of Contracting an Illness/Disease**

**Marital Status**

**Mental Disability**

**Physical Disability**

**Political Belief, Affiliation or Activity**

**Race**

**Religion**

**Sex/Gender**

**Sexual Orientation**

**Source of Income**

**Association with Individual(s) Having Characteristics from This List**

**Section C:  
Your Complaint Continued**

**Date the offensive behaviour first occurred:** \_\_\_\_\_

**Please list other individuals who have been closely involved as a:**

1. Person experiencing offensive behaviour
2. Witness
3. Manager
4. Human Resource Professional
5. Other

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**What is the current status of this offensive behaviour? (Ongoing, Escalating, Stopped, etc.)?**

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**Section D:  
Resolution**

**What has been done, to date, to try to resolve this matter and by whom?**

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**What was the outcome of this (if applicable)?**

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**Have you filed a complaint related to this matter pursuant to another process (e.g. grievance, human rights complaint)?**

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**Please suggest how you think this complaint could be resolved.**

1. 

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2. 

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**The information in this complaint is true to the best of my knowledge. I understand the information provided will be used and shared by the Public Service Commission, as required by law and by the Respectful Workplace Policy.**

\_\_\_\_\_  
Complainant Signature

\_\_\_\_\_  
Date