

REPORT FORM

The purpose of this form is to communicate concerns you have regarding Harassment, Discrimination, Reprisal and/or Student Sexual Violence. This form is received and reviewed by Ontario Tech University's Human Rights Office. Your information will be treated confidentially in accordance with the [University's Respectful Campus Policy](#).

Once complete, save a copy of the form and e-mail it to: humanrights@ontariotechu.ca

Complainant Information

Name: _____ Date: _____
Last First M.I.

Phone: _____ Email: _____

Banner ID: _____

I am:

<input type="checkbox"/> A Faculty Member	<input type="checkbox"/> A Staff Member
<input type="checkbox"/> A Student	<input type="checkbox"/> Other

Have you already tried to resolve your concern?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you filed a grievance?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you filed a complaint with the Ministry of Labour or the Human Rights Tribunal of Ontario?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

If yes, please provide more details:

Details of how you tried to resolve your concern should include the following information:

1. *Who did you raise concerns to?*
2. *When did you make the complaint?*
3. *What was the outcome and/or action that was taken, if any?*

Complaint Type – select all that apply

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Discriminatory Harassment | <input type="checkbox"/> Discrimination | <input type="checkbox"/> Failure to Accommodate | <input type="checkbox"/> Student Sexual Violence |
| <input type="checkbox"/> Workplace Harassment | <input type="checkbox"/> Workplace Sexual Harassment | <input type="checkbox"/> Reprisal | <input type="checkbox"/> Other: _____ |

