

WRITTEN COMPLAINT FORM

Formal Complaint of Discrimination/Harassment Under THE UNIVERSITY OF SASKATCHEWAN'S DISCRIMINATION AND HARASSMENT PREVENTION POLICY

Your Name: _____

University Status or Position: _____

Home Phone Number: _____ Work Phone Number: _____

College/Unit/Department: _____

Complaint Against: _____

University Status or Position: _____

College/Unit/Department: _____

The incidents which form the basis of the complaint took place on: _____

Type of Discrimination/Harassment Being Alleged:

Personal Harassment Sexual Harassment

Harassment based on:

- | | |
|--|---|
| <input type="checkbox"/> religion | <input type="checkbox"/> physical size or weight |
| <input type="checkbox"/> creed | <input type="checkbox"/> age |
| <input type="checkbox"/> marital status | <input type="checkbox"/> colour |
| <input type="checkbox"/> family status | <input type="checkbox"/> ancestry |
| <input type="checkbox"/> sexual orientation | <input type="checkbox"/> nationality |
| <input type="checkbox"/> disability | <input type="checkbox"/> place of origin |
| <input type="checkbox"/> sex (including: gender
expression, gender identity
and two spirit identity) | <input type="checkbox"/> race (or perceived race) |
| | <input type="checkbox"/> receipt of public assistance |

Other - please describe: _____

Particulars of the complaint are as follows: (please place on a separate page)

Date

Signature of the Complainant

I hereby acknowledge and consent that this complaint will be provided to the respondent for the purposes of investigation.

PLEASE RETURN THE COMPLETED FORM TO:

Discrimination and Harassment Prevention

Email: dhps@usask.ca

Phone: (306) 966-4936

Fax: (306) 966-4103