

# 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<br>expression, gender identity<br>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