



Harassment Report

Identifying Information of complainant

Name	_____
Position	_____
Contact Number	_____
Address	_____
School/Department	_____

Details of incident

Location of Incident (specify, e.g.: office, hallway, classroom, school grounds, etc.)

Date and Time of Incident _____

Nature of harassment

- Ancestry, including colour and perceived race
- Nationality or national origins
- Ethnic background or origin
- Religion or creed or religious belief, religious association or religious activity
- Age
- Sex or gender, including circumstances related to pregnancy
- Sexual orientation
- Sexually inappropriate
- Marital or family status
- Source of income
- Physical or mental disability or related characteristics
- Psychological
- Other _____

Format of harassment

- Verbal
- Written
- Email
- Other _____



Describe the incident (what happened):
Attach additional written description if require

Information of the Individual with whom the incident occurred

Individual's name and or position, if known:

Description, if individual's name and position not known:

Male Female

Age: _____ Height: _____ Weight: _____

Other: _____



Witness Information

There were witnesses

Number of Witnesses _____

Witness(es)'s Name(s) and Position(s), if known.
If not known include a description.

There were no witnesses

General Information

Was this incident reported to the supervisor? Yes No

Name of the supervisor _____

Have an investigation been initiated? Yes No

Date

Please Save/Download a copy of this report and email to the following People:

Principal - If Applicable

Safety Officer - Bob Gaiser (bgaiser@pwsd.ca)

Superintendent - Stephen David (sdavid@pwsd.ca)