

A formal complaint is initiated by providing the Coordinator, Respectful University Services, with a detailed written complaint, dated and signed by the Complainant, which (i) includes a clear statement of the alleged harassment or discrimination; (ii) requests an investigation; and (iii) identifies the Complainant's desired outcome. Please see the [Respectful University Policy Procedures](#).

Once you have completed this form, please contact the Coordinator, Respectful University Services to set up a meeting to discuss your complaint:

Phone: 306-585-5400

Email: respect@uregina.ca

To aid incident investigations and follow-up, please be as thorough as possible when completing this form.

Date of Incident: _____ **Time of Incident:** _____

Name of Person Reporting: _____

Faculty member Staff member Student Other

Faculty/Department: _____

Phone: _____ **Email:** _____

Person(s) involved, if names are known (i.e. Respondents):

1 _____ Faculty member Staff member Student Other

2 _____ Faculty member Staff member Student Other

3 _____ Faculty member Staff member Student Other

4 _____ Faculty member Staff member Student Other

Location of Incident
(hallway, office, washroom, etc.):

Physical Address of Incident
(state room or office number if applicable):

Nature of Incident: Verbal Physical

In your opinion, was the harassment or discrimination based on any of the following? Check all that may apply.

- | | | |
|--|---|---|
| <input type="checkbox"/> Age | <input type="checkbox"/> Gender | <input type="checkbox"/> Race |
| <input type="checkbox"/> Ancestry | <input type="checkbox"/> Marital Status | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Creed | <input type="checkbox"/> Nationality | <input type="checkbox"/> Sexual Orientation |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Physical Weight/Height | <input type="checkbox"/> Skin Colour |
| <input type="checkbox"/> Family Status | <input type="checkbox"/> Place of Origin | <input type="checkbox"/> None of the Above |

If not based on any of the above grounds, is the harassment/discrimination based on either of the following:

Repeated incidents that have caused you to be humiliated or intimidated Yes No

A single serious incident that has had a lasting harmful effect on you. Yes No

In your own words, describe the conduct, comments or display you found objectionable. Give details of date and location of the incident(s) that are the basis of your complaint. Please describe how you believe this conduct breaches the [Respectful University Policy](#).

DECLARATION

I hereby confirm the statement(s) contained in this complaint are true to the best of my knowledge and I am hereby requesting a formal investigation into this matter. I understand that upon completion of the intake and assessment of this complaint, the Respondent shall be notified in writing that a complaint has been lodged, provided the complaint meets the criteria as described in the *Respectful University Policy* and the Respondent will be provided with a copy of this complaint. I also understand that the Coordinator shall inform the relevant Designated Authority for each party that a complaint has been filed and an investigation initiated.

Signature: _____

Date: _____