

# RESPECTFUL UNIVERSITY FORMAL COMPLAINT FORM



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; and (ii) requests an investigation. 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](mailto: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  |

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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 a separate document, please 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 include any evidence and/or witnesses, and 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: \_\_\_\_\_