

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, sch	ool grounds, etc.)			
Date and Time of Incid	lent				
Nature of harassment □ Ancestry, including colour and perceived race					
	national origins				
□ Religion or ci	reed or religious belief, religious association	or religious activity			
□ Age □ Sex or gende □ Sexual orient	er, including circumstances related to pregna	nncy			
□ Sexually inap	propriate				
□ Marital or far □ Source of ind	come				
□ Psychologica	nental disability or related characteristics Il				
□ 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)