**Discrimination and Harassment Prevention Policy:**

**Complaint Submission Form**

**Section 1: Complainant’s identifying information**

|  |  |
| --- | --- |
| Complainant’s name:  (for university-initiated complaints enter title of person completing complaint form) | Click here to enter text. |
| Email address: | Click here to enter text. |
| Phone (ext.): | Click here to enter text. |
| Affiliation: Faculty  Staff  Student  Other Click here to enter text. | |

**Section 2: Type of Discrimination or Harassment (Check all that apply)**

**I believe I have been subjected to**

**discrimination and/or**

**harassment**

**I perceive this discrimination and/or harassment to be based on:**

|  |  |
| --- | --- |
| Ancestry (including race & colour)  Ethnic background or origin  Age  Gender-identity & gender expression  Marital or family status  Political belief, association or activity  Social disadvantage | Nationality or national origin  Religion or creed, or religious belief, association or activity  Sex (including sex-determined characteristics or circumstances)  Sexual orientation  Source of income  Physical or mental disability or related characteristics or circumstances |

**I believe I was subjected to personal harassment/bullying.**

**I believe I was subjected to retaliation.**

**I believe I was subjected to a malicious complaint.**

**Section 3: Details of Complaint**

|  |  |
| --- | --- |
| Date of most recent or continuing act of discrimination/harassment | Click here to enter a date. |
| Person(s) responsible for the action(s)(the Respondent) | Click here to enter text. |
| Your relationship to the respondent(s): | Click here to enter text. |
| Details of incidents(s): | *Describe each incident separately, including the person(s) involved, what happened and when, where it happened, and list any witnesses.* |

Click here to enter text.

By submitting this complaint form to the Diversity and Human Rights Advisor you are requesting an investigation under the Discrimination and Harassment Prevention Policy and Procedures. This requires that your name and the allegations contained in this complaint be shared with the respondent(s). In order to investigate the complaint, some information may also need to be shared with witnesses. All parties to an investigation must respect the confidential and private nature of the process, and share information only where necessary for resolution of the complaint, or where required by law.

Signature Click here to enter text. Date Click here to enter a date.

For further information, please contact: **Cheryl Fleming |** Diversity and Human Rights Advisor

**Human Resources | Brandon University**

270 18th Street **|** Brandon, MB R7A 6A9

Tel: 204-727-9785   **|**    Fax: 204-726-1957