

Complaint Form

Purpose

The purpose of this form is to provide detailed information about a workplace situation or incident(s) that may represent a violation of Bell's [Workplace Harassment and Violence Prevention Policy](#).

Date:

Who did this happen to? Me Someone Else

Where did the incident(s) happen?

City: Province:

What is this mostly about?

Were any of the alleged behaviours connected to a protected ground?

Age Race Colour Disability Gender identity/expression
Genetic characteristics Marital status National/Ethnic Origin Sex/sexual orientation
Any other applicable protected ground – please specify:

When did this behaviour start?

Is the situation still ongoing? Yes No

Who is responsible for the behaviour?

Is this [responsible] person a current employee? Yes No

How is this [responsible] person related to you?

Please provide a detailed description of what happened? (To the extent possible, please provide dates, locations and names of witnesses (if any) for each incident.)

Please provide your contact information in the section below:

First Name:

Last Name:

Preferred Pronouns [optional]:

Address:

City:

Province:

Phone number you can be reached at:

Email Address:

****If you are submitting this form as someone witnessing the behaviour, please provide the information of the person who is experiencing the behaviour being reported.**

First Name:

Last Name:

Employee Number:

Email Address:

Phone number they can be reached at:

Is this person a current employee? Yes No

Other relevant information

Have you received any assistance to attempt to resolve the situation? Please describe.

Please note that free professional counseling support services are available to you. The [Employee and Family Assistance Program](#) (EFAP) can provide you with immediate and confidential help, 24/7 at 1 833 371-0794.

Confidentiality

Information collected through this form is for the exclusive purpose of managing the complaint. Information contained in this form will be disclosed only as is necessary to carry out the resolution process and/or where required by law.

By submitting this Complaint Form, you understand that identifying information may be shared with the investigator appointed to assess or investigate the harassment and/or violence allegations, if applicable. If you wish to remain anonymous, please consult the [Respectful workplace](#) information on Bellnet for information on how to file an anonymous complaint.

This form will be retained in a secure manner by the Workplace Practices Team, in accordance with Bell's Information Management Policy and Records Retention Schedule.

To submit this Complaint Form

By submitting this form, you represent that you are acting in good faith and declare that the information provided herein is true and accurate.

Completed forms and any supporting documentation can be sent to the Workplace Practices team at workplacepractices@bell.ca.

For additional information on the process and resources, please consult the [Respectful workplace](#) information on Bellnet.