WRITTEN COMPLAINT FORM

Formal Complaint of Discrimination/Harassment Under
THE UNIVERSITY OF SASKATCHEWAN'S DISCRIMINATION AND
HARASSMENT PREVENTION POLICY

Your Name: _______________________________________________________________________

University Status or Position: _________________________________________________________

Home Phone Number: _________________________ Work Phone Number: ______________________

College/Unit/Department: ____________________________________________________________

Complaint Against: __________________________________________________________________

University Status or Position: _________________________________________________________

College/Unit/Department: ____________________________________________________________

The incidents which form the basis of the complaint took place on: _________________________

Type of Discrimination/Harassment Being Alleged:

Personal Harassment [ ] Sexual Harassment [ ]

Harassment based on:

[ ] religion [ ] physical size or weight

[ ] creed [ ] age

[ ] marital status [ ] colour

[ ] family status [ ] ancestry

[ ] sexual orientation [ ] nationality

[ ] disability [ ] place of origin

[ ] sex (including: gender expression, gender identity and two spirit identity) [ ] race (or perceived race)

[ ] receipt of public assistance

Other - please describe: __________________________________________________________________

Particulars of the complaint are as follows: (please place on a separate page)

_________________________________________     _________________________________________

Date                                                                                         Signature of the Complainant

[ ] I hereby acknowledge and consent that this complaint will be provided to the respondent for the purposes of investigation.

PLEASE RETURN THE COMPLETED FORM TO:

Discrimination and Harassment Prevention
Email: dhps@usask.ca
Phone: (306) 966-4936
Fax: (306) 966-4103