# Appendix A – Harassment Submission Form

*(Please attach any additional information required to capture the details of the complaint.)*

Name of complainant: _____

Department: _____

Work address and phone number: _____

Date and time allegation(s) took place: _____

_____

Name(s) of alleged respondent(s): _____

_____

Name(s) of any witnesses: _____

_____

_____

Describe allegation(s): _____

_____

_____

_____

_____

_____

_____

_____

Describe actions of witnesses: _____

_____

_____

_____

I hereby certify that to the best of my knowledge the information I have provided is accurate and complete. I am aware that making a false or frivolous allegation is in violation of the Government of Nunavut Harassment Free Workplace Policy and Directive HRM1010 of the Human Resources Manual.

I acknowledge that a comprehensive investigation may be initiated as a result of the information I have provided.

| _____ | _____ | _____ |
|---|---|---|
| Complainant Name | Complainant Signature | Date |

Authorities: HRM1010