

Workplace Bullying & Harassment Complaint Form

ROMAN CATHOLIC DIOCESE OF NELSON

Complainant Information

I am (choose one): the alleged victim a witness

Name: _____

Home Number: _____ Cell Number: _____

Email: _____

Address: _____

Employer (parish/school): _____

Alleged Victim Information (if complainant is a witness)

Name: _____

Home Number: _____ Cell Number: _____

Email: _____

Address: _____

Employer (parish/school): _____

Name(s) of Alleged Bully/Harasser

Personal Statement (Describe in as much detail as possible the bullying and/or harassment incident)

Date and Time of Incident(s): _____

Location(s): _____

Names of Parties Involved: _____

Witnesses: _____

Details about the Incident(s) (behaviour and/or words used):

Any additional details that would help with an investigation:

Attach any supporting documents such as emails, handwritten notes or photographs. Physical evidence, such as vandalized personal belongings, can also be submitted.

Signature of Complainant: _____ Date: _____

Submit this form to the Delegate or Deputy Delegate as soon as possible

Catholic Pastoral Centre
3665 Benvoulin Road, Kelowna BC V1W 4M7
Phone: 250-448-2725