



PR-HR-01 RWLE Formal Complaint Form

Employees and students are encouraged to address an alleged breach of the Policy by seeking resolution and reconciliation via the progressive process as outlined in PR-HR-01-01: RWLE Resolution or PR-HR-01-02: RWLE Student Informal Complaint Resolution.

Important notes:

- This form is to be used when progressive steps have not resolved the alleged breach or the nature of the complaint warrants an advancement to a formal complaint.
- You may seek support from the relevant union or association representative to complete this form.
- Retain a copy of the completed form for your records.

SECTION 1

Name: _____

Phone number: _____

Email address: _____

If this is a human rights complaint based on a protected ground, please complete section 2, otherwise, continue to section 3.

SECTION 2

- Discrimination—complete the following section (Protected Ground)**
- Harassment— complete the following section (Protected Ground)**

Identify the Protected Ground(s)

<input type="checkbox"/> Age	<input type="checkbox"/> Marital Status
<input type="checkbox"/> Ancestry	<input type="checkbox"/> Mental disability
<input type="checkbox"/> Colour	<input type="checkbox"/> Physical disability
<input type="checkbox"/> Family Status	<input type="checkbox"/> Place of Origin
<input type="checkbox"/> Gender	<input type="checkbox"/> Race
<input type="checkbox"/> Female, male, transgender	<input type="checkbox"/> Religious beliefs
<input type="checkbox"/> Pregnancy	<input type="checkbox"/> Sexual Orientation
<input type="checkbox"/> Sexual harassment	<input type="checkbox"/> Source of income
<input type="checkbox"/> Gender Identity/Expression	

If you are uncertain please ask for assistance from the humanrightsadvisor@mhc.ab.ca

Please continue to Section 3.

The personal information requested on this form is collected under the authority of the Post-secondary Learning Act and Section 33(c) of the Alberta Freedom of Information and Protection of Privacy Act and will be protected under Part 2 of that Act. The information collected will only be used for the purposes of delivery and administration of educational training and services. Questions concerning the collection, use or disposal of this information should be directed to the FOIP Coordinator, Medicine Hat College, 299 College Drive SE, Medicine Hat, AB, T1A3Y6, or 403-529-3800 or foip@mhc.ab.ca.



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SECTION 3

1. Name of respondent (person about whom you are complaining).

2. Please attach a full statement describing the situation(s) and incidents that you are reporting about in detail. For each event please include:
 - a. **What** happened
 - b. **Who** was involved
 - c. **When** it happened (day, month, year)
 - d. **Where** it happened

Be as complete and accurate as possible and avoid generalizations. Be sure to give details of every incident of alleged harassment/discrimination. Please be advised that this statement will be provided to the respondent to allow them to respond to the allegation(s).

3. Is it still occurring?

4. If this is a human rights based complaint, please explain how the incident(s) relate to a Protected Ground. How were you treated differently from the way others were treated? What incidents have occurred to make you believe that this treatment was linked to a Protected Ground?

5. How did the events you described affect you?



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6. Please add names of individuals who are involved in this incident/issue and their relationship to you.

7. Have you reported this incident/concern previously? Please include the date of the report, who it was reported to. If you have reported it previously, what was the outcome?

8. What is your desired resolution regarding this report?

9. Any additional comments?

Complainant's Signature:
Date:

To be completed by Human Resources

Recommended Action	
Name and Signature	Date

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