

## Appendix 2

# Respectful Workplace Complaint Form

## Overview

All employees who experience or witness behaviour that could be contrary to the Respectful Workplace Policy for the Government of Alberta are expected to report it in a timely way by completing this Respectful Workplace Complaint Form.

Complaints made under the Respectful Workplace Policy are confidential. However, confidentiality, including the identity of complainants, must be balanced against the requirements of procedural fairness, and any disclosure obligations imposed by law, including the *Occupational Health and Safety Act, Regulations and Code*.

The employer will decide how to address the allegations put forward in a complaint, including whether to proceed with an investigation, in accordance with the Respectful Workplace Issue Resolution Process (See Appendix 1 of the Respectful Workplace Policy). For more information, please refer to the Respectful Workplace Policy for the Government of Alberta and the Guidelines attached to that Policy.

## Contact Information

### Anonymous Complaints

While employees may make anonymous complaints, the ability to address such complaints may be limited if there is not enough information to determine the appropriate next steps.

Complainants are encouraged to identify themselves when completing this form to ensure that the necessary details can be obtained and complaints can be appropriately addressed. If a complainant chooses to remain anonymous, this form can be submitted without the Complainant Contact Information section being filled in.

### Complainant Contact Information

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Position)

\_\_\_\_\_  
(Branch)

\_\_\_\_\_  
(Department)

\_\_\_\_\_  
(Telephone)

\_\_\_\_\_  
(Email)

\_\_\_\_\_  
(Immediate Supervisor)

\_\_\_\_\_  
(Immediate Supervisor's Position)

## Respondent Contact Information

Please complete the following information for any respondent(s) associated with this complaint. Additional pages may be added to this section if further space is required.

_____	_____
<i>(Name)</i>	<i>(Position)</i>
_____	_____
<i>(Branch)</i>	<i>(Department)</i>
_____	_____
<i>(Telephone)</i>	<i>(Email)</i>
_____	
<i>(Working relationship to complainant)</i>	

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_____	_____
<i>(Name)</i>	<i>(Position)</i>
_____	_____
<i>(Branch)</i>	<i>(Department)</i>
_____	_____
<i>(Telephone)</i>	<i>(Email)</i>
_____	
<i>(Working relationship to complainant)</i>	

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_____	_____
<i>(Name)</i>	<i>(Position)</i>
_____	_____
<i>(Branch)</i>	<i>(Department)</i>
_____	_____
<i>(Telephone)</i>	<i>(Email)</i>
_____	
<i>(Working relationship to complainant)</i>	

## Complaint Details

Please use the following space to provide the details of your complaint. Please include as much information as possible including who was involved, the details of what occurred, relevant location information, when the issue(s) arose, the date the incident(s) occurred, how long the issue(s) have been going on and any potential witness information. Additional pages may be added to this section if further space is required.

**If this complaint involves allegations of retaliation for filing or other involvement in a previous complaint under the Respectful Workplace Policy, please identify the previous complaint, and provide details about the alleged retaliation, including dates, nature of the conduct, and witnesses.**

## Next Steps

This completed complaint form should be signed, dated and emailed to [rwp.complaint@gov.ab.ca](mailto:rwp.complaint@gov.ab.ca). Once the complaint has been reviewed, complainants will receive written confirmation of the next step in the process. Please see Appendix 1 for further information.

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*(Complainant Signature)*

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*(Date)*