

Problematic Situation Report Form

THIS FORM ALLOWS FOR REPORTING A SITUATION INVOLVING CONFLICT, INCIVILITY, VIOLENCE, OR HARASSMENT.

SECTION I



Person reporting the situation

Last name:	First name:
Position:	
Connection to the situation being reported (witness or person experiencing a problematic situation):	

Information about the person(s) being reported (Who?)

Last name:

First name:

Position:

Last name:

First name:

Position:

Last name:

First name:

Position:

SECTION 3



Description of the allegations

For each of the allegations, provide the following information (if needed, you can attach additional sheets):

- **Date** (When?) and **location** (Where?) **of the incident**;
- **Name of the person being reported** (Who?) and **facts**—gestures, verbal comments, attitudes, or conduct (What?); and
- **Witnesses** (With whom?).

FACT 1: _____

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Witnesses: _____

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FACT 2: _____

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Witnesses: _____

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APPENDIX 3

FACT 3: _____

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Witnesses: _____

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FACT 4: _____

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Witnesses: _____

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FACT 5: _____

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Witnesses: _____

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APPENDIX 3

Did you try to resolve the situation? Yes No

If you selected “Yes,” starting after which allegation (When)?

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How did you try to resolve the situation?

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Is your hierarchical supervisor or another representative of the employer aware of this situation?

Yes No

If you selected “Yes,” what is the name of this person?

What is this person’s role?

Did this person try to resolve the situation? Yes No

If you selected “Yes,” what steps were taken?

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APPENDIX 3

Si vous avez des symptômes physiques ou psychologiques, indiquez depuis quand.

I have experienced physical symptoms related to this situation since (day-month-year):

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I have experienced psychological symptoms related to this situation since (day-month-year):

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In your opinion, what solutions could be implemented to resolve and put an end to this situation?

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Comments:

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Calculate the grievance deadline

Date of the most recent event:

Grievance deadline (add two years to the date of the most recent event):

Name of the person who filled out the form:

Date :