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 situati (witness or person exper	on being reported iencing a problematic situation):	
Information about the perso	on(s) being reported (Who?)	
Last name:	First name:	
Position:		
Last name:	First name:	
Position:		
Last name:	First name:	
Position:		

SECTION 2



Description of the context of the problematic situation

Briefly describe your work history for this employer, the events that led to the problematic situation being reported (e.g., job cuts, new manager, new co-workers) or any other elements that allow for a general understanding of the situation (if needed, you can attach additional sheets).

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 I:			
Witnesses:			
FACT 2:			
Witnesses:			

FACT 3:			
	 		-
	 	 	.
		 	·····-
Witnesses:			
WITH COSCS.			······································
	 	 	.
FACT 4:			
			-
17.			
Witnesses:	 	 	······································
FACT 5:			
			······································
	 	 	<u>.</u>
_	 		
Witnesses:			.
			······································

Did you try to resolve the situation? Yes \square No \square
If you selected "Yes," starting after which allegation (When?)?
How did you try to resolve the situation?
Is your hierarchical supervisor or another representative of the employer aware of this situation? Yes \Box No \Box
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 \(\sigma \) No \(\sigma \)
If you selected "Yes," what steps were taken?

Describe the physical and psychological effects this situation has had on you.	

Si vous avez des symptômes physiques ou psychologiques, indiquez depuis quand.
I have experienced physical symptoms related to this situation since (day-month-year):
I have experienced psychological symptoms related to this situation since (day-month-year):
In your opinion, what solutions could be implemented to resolve and put an end to this situation?

Calculate	the arievan	nce deadlin	e			
Calculate	the grievan	nce deadlin	е			
	the grievan		е			
Date of the	most recent e	event:				
Date of the		event:		f the most rec	ent event):	
Date of the	most recent e	event:		f the most rec	ent event):	
Date of the	most recent e	event:		f the most red	ent event):	
Date of the	most recent e	event:		f the most rec	ent event):	
Date of the	most recent o	event: two years to	the date o	f the most red	ent event):	
Date of the	most recent e	event: two years to	the date o	f the most rec	ent event):	