



Harassment Complaint

Forward completed form to the Office for the Coordination of Harassment Complaints (OCHC)
RCMP.OfficeHarassmentComplaints-BureauPlaintesHarcelement.GRC@rcmp-grc.gc.ca

Note that you should not provide sensitive, personal information about yourself or other individuals, such as the use of counselling services, medical information or other such sensitive data, through this form. Neither should you provide personal information about yourself or others which is not relevant to the investigation, such as personal identifiers (example: Social Insurance Number, Personnel Record Identifier), home address, phone numbers or other such data. If you choose to provide this type of information about yourself, it will be stored in Administrative Case Management Tool (ACMT) and may be provided to the respondent or other individuals who have a need to know to resolve this complaint.

Informal Conflict Management Program (ICMP)

Have you considered informal conflict management to deal with this situation? Yes No

If yes to "Have you considered informal conflict management to deal with this situation?", please indicate outcome. If no, please explain why.

Complainant Information

HRMIS / PRI Number	Surname	Given Name	Division / District / Unit / Detachment
--------------------	---------	------------	---

Select Address Type: Home Office

Mailing Address

Home Telephone	Office Telephone	Fax Number	Preferred Method of Contact: <input type="radio"/> Mail <input type="radio"/> E-mail <input type="radio"/> Telephone <input type="radio"/> Fax <input type="radio"/> N/A
E-Mail Address			

I am an employee of the RCMP: <input type="radio"/> Yes <input type="radio"/> No	Employee Category: <input type="radio"/> RM (include Reservist) <input type="radio"/> PSE (include temporary, term, casual) <input type="radio"/> CM <input type="radio"/> Other	In which Official Language do you wish the complaint to be conducted? <input type="radio"/> English <input type="radio"/> French
---	--	---

Position Title	Group / Level or Rank
----------------	-----------------------

Supervisor (For RCMP Employee)

Surname of Immediate Supervisor	Given Name of Immediate Supervisor	Position Title of Immediate Supervisor
---------------------------------	------------------------------------	--

Representative (If Applicable)

Surname	Given Name	Address
Telephone Number	Fax Number	E-Mail Address

Respondent Information

If your complaint has more than one respondent, **complete one complaint form per respondent**. Respondents will be notified of the complaint and their obligations shortly after the acceptance of the complaint.

Surname	Given Name	Position Title	Work Relationship
Employee Category: <input type="radio"/> RM (include Reservist) <input type="radio"/> CM <input type="radio"/> PSE (include temporary, term, casual)			
Division / District / Unit / Detachment		Contact Information	

Harassment Complaint

Protected A
once completed

Other Complaints

Have you initiated a complaint through any other process to deal with these allegations of harassment within or outside the RCMP (e.g. grievance)? Yes No

If yes to "Have you initiated a complaint through any other process to deal with these allegations of harassment within or outside the RCMP?", provide the status of the complaint

Treasury Board Policy

The Treasury Board Policy on Harassment Prevention and Resolution and RCMP Policy define Harassment as "any improper conduct by an individual that is directed at and is offensive to another individual in the workplace, including at any event or any location related to work, and that the individual knew or ought reasonably to have known would cause offence or harm. It comprises an objectionable act, comment, or display that demeans, belittles, or causes personal humiliation or embarrassment, and any act of intimidation or threat. It also includes sexual harassment and harassment within the meaning of the [Canadian Human Rights Act](#) (i.e. based on race, national or ethnic origin, colour, religion, age, sex, sexual orientation, marital status, family status, disability and pardoned conviction)."

Harassment Information Resources

Note : To consult before completing statement of allegations.

For information please refer to the [National Guidebook \(Harassment\)](#) (available by email), [Process Map and Guide \(Harassment\)](#) (available by email), [Commissioner's Standing Orders](#) (Investigation and Resolution of Harassment Complaints - available by email), [Commissioner's Standing Orders](#) (Conduct - available by email) and the [Investigation and Resolution of Harassment Complaints](#).

Statement of Allegations

If more than one year **since the last event**, please provide the extenuating circumstances which prevented you from filing your complaint within the year.

Date of the Most Recent Incident (yyyy-mm-dd)	Provide details specifying the dates of incidents, a concise description of events, as well as names and contact information for witnesses, where possible. In the event you have more than four allegations, please see the Appendix on page 5.
---	--

Allegation 1 (Describe Behaviour)

List incidents with concise descriptions

Names of Witnesses

Witness Contact Information

Harassment Complaint

Protected A
once completed

Allegation 2 (Describe Behaviour)

List incidents with concise descriptions

Names of Witnesses

Witness Contact Information

Allegation 3 (Describe Behaviour)

List incidents with concise descriptions

Names of Witnesses

Witness Contact Information

Allegation 4 (Describe Behaviour)

List incidents with concise descriptions

Names of Witnesses

Witness Contact Information

Harassment Complaint

Protected A
once completed

Statements of Acknowledgement

Did you inform the alleged offender that you find / found his / her behavior to be offensive and discussed how the incidents have impacted you? Yes No

If yes to "Did you inform the alleged offender that you find / found his / her behavior to be offensive and discussed how the incidents have impacted you?", what was the result of your conversation?

Have you talked about this situation with your Supervisor / Manager? Yes No

If yes to "Have you talked about this situation with your Supervisor / Manager?", are you aware of any actions taken as a result of your advising your Supervisor / Manager?

What desired outcome are you seeking?

Apology

Training

Policy change

Informal Conflict Management Process

Discipline

Other : describe below

Description

Note: Provision of the information requested on this document is voluntary and you may, without prejudice, decline to respond. The information you provide on this document is collected under the authority of the [Enhancing Royal Canadian Mounted Police Accountability Act](#) and is required for the purpose of capturing information necessary for dealing with harassment complaints. This information is used to make decisions in specific instances on whether or not harassment is occurring, and when this is the case to determine the appropriate action, including disciplinary action, to deal with a harassment situation. Personal information is protected under the [Privacy Act](#) and will be collected for the purposes described in Standard PIB PSE-919, PSE 911 and RCMP PPE 805. Under the [Privacy Act](#), you have the right to request access to your personal information, held by a government institution, and to request corrections should you believe the information contains errors or omissions. Personal information that you provide about another individual may be accessible to him or her under the Privacy Act.

I certify this complaint to be true and correct to the best of my knowledge. I understand if my complaint is found to be frivolous, vexatious or made in bad faith I may be subject to disciplinary or conduct measures. I understand that the incidents described above may be investigated in accordance with the [Investigation and Resolution of Harassment Complaints](#) policy and the [Commissioner's Standing Orders](#) (Investigation and Resolution of Harassment - available by email).

In order to preserve the integrity of the process and to maintain necessary discretion, I will not discuss this complaint with anyone other than those who need to know (i.e. Union Representative, Manager, Harassment Advisor, Harassment Reviewer, Labour Relations, Staff Relations Representative).

Signature of Complainant

Date (yyyy-mm-dd)

Contact the Office for the Coordination of Harassment Complaints if you have more than seven allegations.

Appendix

Allegation 5 (Describe Behaviour)

List incidents with concise descriptions

Names of Witnesses

Witness Contact Information

Allegation 6 (Describe Behaviour)

List incidents with concise descriptions

Names of Witnesses

Witness Contact Information

Allegation 7 (Describe Behaviour)

List incidents with concise descriptions

Names of Witnesses

Witness Contact Information