

**PERSONNEL POLICY YMCA - NL**

**APPENDIX A.**

**YMCA OF NEWFOUNDLAND AND LABRADOR  
COMPLAINT FORM**

Date, time and location of the incident(s): \_\_\_\_\_

Name of the person(s) involved in the incident(s): \_\_\_\_\_

Name of any person(s) who witnessed the incident(s): \_\_\_\_\_

Full description of what occurred:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has the Complainant previously advised the Respondent or their supervisor of the alleged Workplace Harassment? Y\_\_\_ N\_\_\_

When was this previously reported?: \_\_\_\_\_

List any responses or action taken:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date