FORM 2.16.1 HARASSMENT COMPLAINT FORM

1.	Name of complainant:
2.	Person(s) suspected of harassment (respondent):
3.	Nature of the allegations:
4.	Date(s), time(s) and place(s) where the incident(s) took place:
5.	Did anyone witness the incident? ☐ YES ☐ NO
If y	ves: a) Name(s) of witness(es):
	b) Description of their respective role in the incident.
6.	How did you react to the harassment?

Morinville Community Library Policy and Procedures Manual

7. If applicable, describe any incident that took place previously.	
I am filing this complaint because I honestly believe that has been harassing me.	
I hereby certify that to the best of my knowledge the above-mentioned information is true, accurate and complete. Making false or frivolous allegations is in violation of this policy and subject to disciplinary sanctions.	
Furthermore, I realize that an inquiry will be initiated once this complaint has been filed.	
Signature of the complainant or their parents/legal guardians Date	

The information on this form is collected under Section 33© of the Freedom of Information and Protection of Privacy Act (FOIP) and is used solely for purposes relating to the Morinville Public Library. If you have any questions, please contact the Information Management/FOIP Coordinator for the Morinville Public Library at 10119 100 Ave, Morinville, Alberta, T8R 1P8 or (780)939-3292