



**Respectful Workplace Policy  
FORMAL COMPLAINT FORM**

You have decided to file a formal complaint under Island Health's Respectful Workplace Policy. The following information is required in order to help in the investigation of your complaint. Once the form has been filled out, please make sure you sign and date it and then submit it to Occupational Health and Safety by one of the following means below:

1.	Email: <a href="mailto:respectfulworkplace@viha.ca">respectfulworkplace@viha.ca</a>
2.	Secure Fax: 250-286-7122
3.	Mail: Occupational Health and Safety Royal Jubilee Hospital 1952 Bay Street Memorial Pavilion, Homer Wing, 3 <sup>rd</sup> floor Victoria, BC V8R 1J8 (please mark as CONFIDENTIAL)

Complainant's Name: \_\_\_\_\_ Home phone # \_\_\_\_\_

Complainant's Position: \_\_\_\_\_ Work phone # \_\_\_\_\_

Complainant's Work Location: \_\_\_\_\_ Email: \_\_\_\_\_

Who is the complaint filed against? (The 'Respondent')

Name: \_\_\_\_\_

Respondent's Position and work location: \_\_\_\_\_

Respondent's Relationship to you through VIHA: \_\_\_\_\_

At which sites did the incident(s) you are reporting happen? \_\_\_\_\_

Is this a complaint about discrimination or harassment because of a protected ground covered by the BC Human Rights Code specifically race, colour, ancestry, place of origin, political belief, religion, marital status, family status, physical or mental disability, sex, sexual orientation, gender identity or expression, age, or criminal or summary offence unrelated to employment?

Yes     No



Please name any relevant witnesses and witness contact information. What specifically did the people named as witnesses observe?

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Describe what methods you have used to resolve this issue and/or any help/advice you have received regarding this issue prior to filing this complaint. Continue on the next page as necessary.

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What resolution or support are you seeking?

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By signing this complaint form, I hereby authorize Island Health to (1) **conduct an investigation** into my complaint as described in this complaint form and its attachments and (2) to disclose the particulars of my complaint to the respondent.

I also confirm my understanding that:

- 1) The filing of this complaint does not guarantee that an investigation will occur. The complaint will be reviewed and an assessment made by Island Health as to whether an investigation is warranted and/or whether an informal resolution process should be pursued.
- 2) This document and any attachments you provide in the course of filing a complaint are to be held in confidence and only disclosed on a "need to know" basis for the purposes of completing the investigation. The complaint form and its attachments may be disclosed to the respondent named in the complaint and to the investigator appointed to assist with the resolution of this complaint. Your signature below confirms you have been made aware and give permission for the above use of this information.
- 3) Filing this complaint in no way limits your ability to consider other options such as filing a complaint under the Human Rights Code or filing a grievance under a collective agreement.

Complainant's Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_