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Human Resources Manual
Directive 1010: Harassment Free Workplace

APPENDIX A

HARASSMENT COMPLAINT FORM PAGE 1

1. Name of complainant:

2. Address:

3. Place of work:

4. Persons suspected of harassment (respondent):

5. Nature of the allegations:

6. Dates, times and places where the incidents took place:

7. Did anyone witness the incident? ___ yes ___ no

If yes:

a) Names of witnesses:



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HARASSMENT COMPLAINT FORM PAGE 2

b) Description of their respective role in the incident.

8. How did you react to the harassment?

9. 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 the Government of Nunavut *Harassment Free Workplace Policy and Directive 1010 of the Human Resources Manual*.

Furthermore, I realize that an investigation may be initiated once this complaint has been filed.

Complainant Signature Complainant Name Printed Date

Form Authorities, HRM 1010 18 (5), 21 (1), & 22 (1)



APPENDIX B

HARASSMENT ASSESSMENT FORM PAGE 1

Harassment Assessment Form		
Note: Interviews required to complete the assessment can be conducted with the complainant, respondent, and any witnesses to ensure completeness of the assessment.		
Describe the Harassment including the names of the respondents:		
Put a check beside descriptors matching the harassment: (This list is not comprehensive, examples of harassment may not fit the questions on the list. It is meant to be an aid to help complainants identify particular actions or behaviors of the respondent that created the harassment).		
Sexual Harassment		
Suggestive sexual stories ___	Attempts to discuss sex ___	Crude sexual remarks
Attempts to establish a sexual relationship despite attempts to discourage ___	Offensive material displayed ___	Stereotypical jokes based on gender ___
Repeated requests for drinks/dinner despite refusal ___	Subtle bribes with some sort of reward to engage in sexual behaviour ___	Subtle threats if individual did not engage in sexual behaviour ___
Touching that made individual feel uncomfortable ___	Negative consequences for refusing to engage in sexual activity ___	
Physical Harassment		
Staff physically injured ___	Staff treated by a physician ___	Near miss ___



HARASSMENT ASSESSMENT FORM PAGE 2

Personal Harassment		
Belittlement or being subjected to put-downs, insults or degrading comments __	Being discredited (e.g., rumours spread about individual, having their work undermined, degrading comments made about them in their absence __	Intimidation, threats or bullying __
Negative consequences or reprisals for coming forward about issue __	Being prevented from expressing themselves (e.g., being yelled at, threatened, interrupted, prohibited from speaking __	Being ignored or isolated (e.g., not being talked to, distanced from others) __
Electronic harassment including demeaning or rude messages __	Abuse of authority, belittling a staff member in front of others __	
Human Rights		
Circle any of the following areas you feel were connected to the harassment you experienced and explain below why you feel this was the case: Cultural identity (race, colour, ancestry, ethnic origin, citizenship and place of origin), religion and creed, age, disability, sex and sexual orientation, marital status, pregnancy, including adoption of a child by a man or woman, lawful source of income, and a conviction for which a pardon has been granted		
Where did the harassment occur?		
Were the complainant and respondent on work duty at the time?		
What dates and times did the harassment occur?		
Was there more than one respondent?		



HARASSMENT ASSESSMENT FORM PAGE 3

Was there more than one person affected?	
Has the issue occurred on more than one occasion with the same respondent?	
Has the complainant attempted to resolve the issue with the respondent?	
Has the situation been previously addressed?	
Are there other persons who can provide information about the situation?	
Is there an immediate need for support for any of the involved parties (e.g.: personal well-being, morale, health, attendance)?	
Is there a potential impact on the workplace (e.g.: poisoned work environment, unsafe work environment, refusal of other employees to attend work, lawsuit, media, risk to public)?	
What is the organizational relationship of those involved (e.g.: supervisor, co-worker, from another department or work location)?	
Is the situation a criminal offence?	
Is the situation a workplace conflict management issue?	



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HARASSMENT ASSESSMENT FORM PAGE 4

Is the situation a misunderstanding of normal supervisory or operational requirements?	
What is the impact of the situation on the person affected?	
Has the complainant provided a statement of impact, example one to three paragraphs describing how the harassment has affected them including in terms of health, emotionally, or financially?	
Where criminal conduct has not occurred and resolution is possible do the parties understand that resolution is going to involve their direct participation? Do the parties need more information on resolution options? Are the parties willing to actively participate?	
<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="border-top: 1px solid black; width: 20%;"></div> <div style="border-top: 1px solid black; width: 15%; text-align: center;">Date</div> <div style="border-top: 1px solid black; width: 30%;"></div> <div style="border-top: 1px solid black; width: 15%; text-align: center;"><u>Human Resources Manager</u></div> <div style="border-top: 1px solid black; width: 15%; text-align: center;">Date</div> </div>	
<p> The harassment assessment and interview process can be stressful for all parties involved in the harassment including the complainant, respondent, and witnesses. The interviewer will provide prior to the interview some background on the need for a harassment free workplace, reason for assessment, and how the Government of Nunavut responds to harassment through the <i>Harassment Free Workplace Policy and Directive 1010 of the Human Resources Manual.</i> </p> <p> GN will take action when harassment has been identified to implement corrective measures for the complainant. </p> <p> The respondent must be aware that consequences of harassment can include criminal prosecution and the respondent being dismissed; however consequences will be proportional to the seriousness of the offense. </p>	

Form Authorities, HRM 1010 12(5), 17 (7), 18 (3), & 22 (1)



APPENDIX C

INVESTIGATION ACKNOWLEDGEMENT FORM - COMPLAINANT

**Harassment Free Workplace Investigation
 Acknowledgement Form - Complainant**

I, _____, acknowledge that:

	INITIALS
• I have been provided with a copy of the Harassment Free Workplace Directive, Section 1010, Human Resource Manual;	<input type="checkbox"/>
• The Harassment Free Workplace Policy has been given to me for reference and I understand that it is my responsibility to review it;	<input type="checkbox"/>
• I have been assured of confidentiality to the full extent of applicable legislation and guidelines;	<input type="checkbox"/>
• I have made a written allegation(s) and have submitted a Harassment Complaint Form, Appendix ____;	<input type="checkbox"/>
• I have been assured the complaint will be investigated promptly, fairly and without fear of reprisal;	<input type="checkbox"/>
• I have been accompanied by an appropriate supportive person during the process;	<input type="checkbox"/>
• I have been assured upon request, an update of the progress of the investigation will be provided;	<input type="checkbox"/>
• I have been offered an interpreter, if required; and	<input type="checkbox"/>
• I have been assured I can if I choose to, submit a Complaint Withdrawal Form to withdraw written allegation(s) without fear of reprisal.	<input type="checkbox"/>



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**Harassment Free Workplace Investigation
Acknowledgement Form – Complainant Page 2**

Complainant Signature

Date

Assigned Investigator:

Signature (Lead Investigator)

Date

Signature (Investigator if Applicable)

Date

Form Authority, HRM 1010 21(8)



APPENDIX D

COMPLAINT WITHDRAWAL FORM

Complaint Withdrawal Form

Name of Complainant: _____

Are you withdrawing all of the complaint? ____ Yes ____ No

If withdrawing the complaint fully, please indicate the following:

(a) The matter has been resolved: ____ Yes ____ No

(b) I do not wish to proceed further with this complaint: ____ Yes ____ No

(c) Other reason: ____ Yes ____ No (if yes and you wish, state your reason):

If withdrawing part, please indicate which part of the complaint is being withdrawn?

If the original complaint was against more than one person and the complaint is being removed against one or more of the respondents please indicate the following:

(a) Names removed from the complaint:

(b) Reason for removing names from complaint:

 Complainant Signature

 Date

Form Authority, HRM 1010 21 (9)



APPENDIX E

INVESTIGATION ACKNOWLEDGEMENT FORM - RESPONDENT

**Harassment Free Workplace Investigation
Acknowledgement Form – Respondent**

I, _____, acknowledge that:

	INITIALS
<ul style="list-style-type: none"> I have been provided with a copy of the Harassment Free Workplace Directive, Section 1010, Human Resource Manual; 	<input type="checkbox"/>
<ul style="list-style-type: none"> The Harassment Free Workplace Policy has been given to me for reference and I understand that it is my responsibility to review it; 	<input type="checkbox"/>
<ul style="list-style-type: none"> I have been assured of confidentiality to the full extent of applicable legislation and guidelines; 	<input type="checkbox"/>
<ul style="list-style-type: none"> I have been informed of the complaint; 	<input type="checkbox"/>
<ul style="list-style-type: none"> I have been given a copy of the written allegation(s); 	<input type="checkbox"/>
<ul style="list-style-type: none"> I have been given the opportunity to respond to the allegations either in writing or verbally; 	<input type="checkbox"/>
<ul style="list-style-type: none"> I have been assured the complaint will be investigated promptly and fairly; 	<input type="checkbox"/>
<ul style="list-style-type: none"> I have been accompanied by an appropriate supportive person during the process; 	<input type="checkbox"/>
<ul style="list-style-type: none"> I have been assured upon request, an update of the progress of the investigation will be provided; and. 	<input type="checkbox"/>
<ul style="list-style-type: none"> I have been offered an interpreter, if required. 	<input type="checkbox"/>



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**Harassment Free Workplace Investigation
Acknowledgement Form – Respondent Page 2**

Respondent Signature

Date

Assigned Investigator:

Signature (Lead Investigator)

Date

Signature (Investigator if Applicable)

Date

Form Authority, HRM 1010 13 (5)