**Complaint Form**

**Association des théâtres francophones du Canada**

**Complainant**

*(The alleged victim of harassment, violence or discrimination)*

Name:

Address:

Phone number:

Email:

**Respondent**

*(The person who is alleged to have committed an offense by the complainant)*

Name:

Phone number *(if possible)*:

Email *(if possible)*:

**GrounDS for complaint**

**Please check all that apply**

|  |  |  |
| --- | --- | --- |
| **[ ]** Abuse of power  | [ ]  Discrimination | [ ]  Unhealthy environment  |
| **[ ]** Psychological harassment | [ ]  Sexual harassment | [ ]  Incivility |
| [ ]  Intimidation | [ ]  Bullying  | [ ]  Violence |
| [ ]  Other  *(Please define below)* | [ ]  Unable to define |  |

**Details of the complaint**

Please describe, in as many details as possible, the incident(s) of harassment or the inappropriate behaviour(s), including: a) the names of those involved; b) the names of witnesses; c) location, date and time of the incident; d) details of the incident (behavior, language used, etc.); e) additional details.

**Documentation and evidence**

If possible, attach all supporting documents (emails, written notes, photographs, damaged or vandalized items) to the complaint form.

**Preliminary measure(s) to this complaint**

 (NAME OF THE ORGANIZATION) encourages its staff members, members of its artistic teams, cultural workers, trainers, participants, administrators, and volunteers to attempt to resolve conflicts by themselves whenever possible in order to prevent the situation from exacerbating. Did you perform one of the following measures with regards to this complaint?

**Please check all that apply.**

Did you…

[ ]  notify your discomfort to the person involved?

[ ]  talk with other people around you?

[ ]  talk with your immediate supervisor?

[ ]  meet with a resource person?

[ ]  participate in mediation?

[ ]  take no action?

Please specify:

I declare that the information given in this form is true to the best of my knowledge.

I commit to inform management if I decide to withdraw my complaint.

I am aware that a false claim could lead to actions being taken against me by the respondent(s) and could lead to disciplinary measures or sanctions by (NAME OF THE ORGANIZATION) against me.

I understand that it is important not to discuss the present complaint with anyone, including the respondent, with the exception of those who need to be informed, and I commit to act with professionalism and discretion.

I understand that, according to the principles of natural justice, the respondent will receive a copy of my complaint.

Name Signature Date

**Complaint submitted to:**

Name Title