



**NATIONAL  
THEATRE  
SCHOOL  
OF CANADA**  
**MONUMENT  
NATIONAL**

Appendix 2

**POLICY TO PREVENT HARASSMENT  
AND PROMOTE A SAFE ENVIRONMENT**

**COMPLAINT FORM**

**I BELIEVE I AM A VICTIM OF SOME FORM OF HARASSMENT:**

Psychological     Sexual     Other (please specify): \_\_\_\_\_

**CONTACT DETAILS OF THE COMPLAINANT:**

First and Last name: \_\_\_\_\_

Training Program or Administrative Department (as applicable): \_\_\_\_\_

Tel. (work): \_\_\_\_\_ Tel. (cellular or home): \_\_\_\_\_

**CONTACT DETAILS OF THE RESPONDENT (TO WHOM THIS COMPLAINT IS DIRECTED):**

First and Last name: \_\_\_\_\_

Status (staff member, student, other): \_\_\_\_\_

**WITNESS(ES) IDENTIFIED BY THE COMPLAINANT:**

First and Last name: \_\_\_\_\_ Tel. (cellular or home): \_\_\_\_\_

First and Last name: \_\_\_\_\_ Tel. (cellular or home): \_\_\_\_\_

**DESIRED RESOLUTION:**

**OTHER MEASURES TAKEN:**

Did you express your disapproval to the person in question?

Yes     No

If so, what was the nature and outcome of the exchange? Please specify:

If no, what were the factors that deterred you from doing so? Please specify:

Would you be willing to attempt to resolve this problem through mediation?\*

Yes     No

\* Refusal of mediation is not prejudicial to the complainant. However, the refusal to mediate must be done on reasonable grounds.

**HAVE YOU UNDERTAKEN ANY OTHER STEPS BY LODGING A COMPLAINT WITH THE COMMISSION DES DROITS DE LA PERSONNE OR WITH A POLICE FORCE, FOR EXAMPLE?**

No  Yes Please specify any steps taken: \_\_\_\_\_

**ALLEGATIONS:**

Occurrences gestures/behaviour. Please provide details (dates, times, sites, perceived impact of the incident, etc.).

If there is not enough space, please attach an extra page.

**DECLARATION:**

The events recounted herein are true to the best of my knowledge. I understand that certain information provided may be divulged to the person dealing with my complaint, to the person towards whom this complaint is directed, and to those persons named as witnesses, insofar as this is necessary to resolve my complaint. I shall commit to the utmost confidentiality and not discuss the information contained in this form with my colleagues or other individuals, except for those purposes authorized by law, by this policy or when consulting an advisor, if required.

Signed in \_\_\_\_\_ (city), this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Signature : \_\_\_\_\_

Once the form is completed and saved you must send it by email to: [info@omega-ombs.ca](mailto:info@omega-ombs.ca)