



Workplace Violence and Harassment Incident Report Form

Please read the [Workplace Violence and Harassment Prevention Policy](#) & [Procedure](#) prior to completing this form. This form should be used to report incidents of Violence and Harassment against employees, appointees, volunteers and other persons acting on behalf of the University.

Please submit the completed form to the Associate Vice President, Human Resources at avphr@mtroyal.ca. You may attach any additional relevant supporting documents.

The personal information that you provide to Mount Royal University is collected under the authority of the Post-Secondary Learning Act and the Freedom of Information and Protection of Privacy (FOIP) Act - section 33(c). The information collected may be used in an investigation and may be shared with the individual who the report is made against if necessary to investigate the incident in accordance with Section 1.3 of the Workplace Violence and Harassment Prevention Policy.

Collected personal information is protected from unauthorized access, collection, use, and disclosure in accordance with the FOIP Act and can be reviewed upon request subject to the provisions under the Act. Questions regarding the collection of personal information can be directed to: Department of Human Resources - Mount Royal University - 4825 Mount Royal Gate SW - Calgary AB - T3E 6K6 – 403.440.5132 or avphr@mtroyal.ca.

YOUR INFORMATION

First and Last Name:	
Email address:	
Daytime Phone:	
Position Title:	
Department:	
Sub-Department:	

INFORMATION OF THE INDIVIDUAL ALLEGED TO HAVE BREACHED THE POLICY

First and Last Name:	
Individual's Position Title:	
Individual's Department:	
Sub-Department:	
Individual's relationship to you at the University, if any:	



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Please read the [Workplace Violence and Harassment Prevention Policy](#) & [Procedure](#) for additional information and definitions.

Violence: means, whether at a work site or work-related, the threatened, attempted, or actual conduct of a person that causes or is likely to cause physical or psychological harm, and includes Domestic Violence or Sexual Violence.

Harassment: means any single incident or repeated incidents of objectionable or unwelcome conduct, comment, bullying or action by a person that the individual knows or ought reasonably to know will or would cause offence or humiliation, or adversely affects the individual's health and safety, and includes Discrimination and Sexual Harassment.

ALLEGATION

Please select the category which best applies to the incident:

+ Violence

+ Harassment

Incident Details:

Date(s):

Location(s):

Person(s) Involved:

Allegation Description: Describe in detail the incident (i.e. what specifically was said or done that led to the reporting of this incident). If additional space is required please indicate here that you are submitting additional separate supporting documents.



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WITNESS INFORMATION

Was anyone witness to the alleged incident:	
<input type="checkbox"/> + Yes <input type="checkbox"/> + No	
First and Last Name:	
Position Title:	
Department:	
Description of incident witnessed:	

First and Last Name:	
Position Title:	
Department:	
Description of incident witnessed:	

DESIRED OUTCOME OR SOLUTION

Do you have a desired outcome or solution to the reported incident?	<i>If so, please describe it.</i>
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ADDITIONAL COMMENTS

Please add additional context or information if relevant. Also indicate here if you are submitting additional separate supporting documents.