RESPECTFUL WORKPLACE RESPONSE FORM

A complaint under the Respectful Workplace Policy has been filed against you. The Executive Director of HR has conducted a preliminary assessment and has determined that the complaint falls under the Respectful Workplace Policy. Accordingly, you are the Respondent in that complaint. Where available, particulars of the complaint will be provided to you at the outset of this process, where such disclosure will not jeopardize the safety of any individual, the integrity of a pending investigation into the complaint, or the assets or property of the College.

You may provide a Response to the Complaint by filling out this form and submitting it to the Executive Director of Human Resources within seven days of receiving this form. However, you are not required to submit a Response Form. If a Response Form is not submitted, the complaint will be subject to further investigation.

Prior to filling out this form, please review the Respectful Workplace Policy and the Procedures for Reporting, Resolving and/or Investigating Respectful Workplace and Human Rights Complaints on Camosun College’s Policy website.

In answering any of the questions below, you may use additional paper if necessary and attach it to this form.

RESPONSE TO SUBSTANCE OF COMPLAINT

A. Do you agree with any of the facts alleged by the Complainant in the Complaint Form? If yes, please describe the facts you agree with.

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B. Please describe the facts alleged by the Complainant that you disagree with, and explain your version of events.

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By signing this Response Form, I understand that all information regarding a complaint is to be treated in confidence and that I will only disclose this information on a “need to know” basis as it is protected by Section 22(2) of the Freedom of Information and Protection of Privacy Act. For the purposes of the “need to know” principle, I understand that disclosure is normally limited to my union representative and/or legal counsel.

Signature of Respondent: ___________________________ Date:__________________________