The information received from the Workplace Bullying and Harassment Report form is collected under the general authority of the University Act (R.S.B.C. 1979, c.419), the Occupational Health and Safety Regulation (B.C. Reg. 296/97) and SFU GP 17 University Occupational Health and Safety Policy. Form information is directly related to capturing the necessary information required for the University to address workplace bullying and harassment complaints. The information will be used to determine whether an investigation into a complaint is required and to initiate an investigation, when necessary. If you have any questions about the collection and use of this information please contact TJ Aujla, Director – Occupational Health and Trades Safety unit in Safety & Risk Services - Environmental Health & Research Safety, 778-782-4978.

Pursuant to Section 27(1) of the Freedom of Information and Protection of Privacy Act, I ____________________________, authorize Simon Fraser University to contact the persons or organizations listed below for the purposes of obtaining information pertaining to the complaint of workplace bullying and harassment. These persons or organizations are authorized to disclose such information. I understand that failure to give my authorization will prevent the initiation of an investigation into and subsequent resolution of my complaint.

Date_______________________ Signature__________________________________________

Employee

<table>
<thead>
<tr>
<th>Name</th>
<th>Department</th>
<th>Phone</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Supervisor

<table>
<thead>
<tr>
<th>Name</th>
<th>Department</th>
<th>Phone</th>
<th>Email</th>
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</thead>
<tbody>
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<td></td>
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</tbody>
</table>

Are you an SFU employee?  ○ Yes  ○ No

Employee Status

☐ Faculty  ☐ Teaching Assistant  ☐ Other (please specify) ________________

☐ Staff  ☐ Research Assistant

 Alleged bully(s) and harasser(s)

<table>
<thead>
<tr>
<th>Name</th>
<th>Department</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Simon Fraser University
Workplace Bullying & Harassment Report Form

Witnesses

<table>
<thead>
<tr>
<th>Name</th>
<th>Department</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td>☐ co-worker ☐ supervisor ☐ manager ☐ customer ☐ student ☐ other</td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td>☐ co-worker ☐ supervisor ☐ manager ☐ customer ☐ student ☐ other</td>
</tr>
</tbody>
</table>

Is the bullying and harassment based on either

a) repeated incidents ☐ Yes ☐ No

b) a single incident ☐ Yes ☐ No

When did the bullying and harassment being/occur?

[Blank space for date]

In your own words, describe the events (e.g., behaviour and/or words used) that have led you to make this complaint.

[Blank space for description]
Have you indicated to the alleged bully and harasser that you don’t like their behaviour or want it to stop?

☐ Yes  ☐ No

If yes, what, if any, response has there been?

Have you reported your complaint to any of the following?

☐ your supervisor  ☐ your Human Resources Advisor
☐ your union or worker representative  ☐ the Human Rights Office

If yes, what action or response has there been?

You have the following options for submitting this form:

In-Person
Safety & Risk Services office, attn: Environmental Health & Research Safety
Burnaby campus - Discovery 1 Room 1300

Inter-Office Mail
Attn: Environmental Health & Research Safety

Email
Send to srs-wbh-help@sfu.ca