

A-8 Workplace Harassment and/or Violence Incident Report

This form is intended to assist in the assessment of complaints or allegations of harassment and/or violence in the workplace. The Company upon receipt of the completed and signed report may initiate a formal, confidential investigation. It should be treated as "Highly Confidential" and only be available to the following individuals:

- Complainant
- Respondent
- Witnesses (their own statements only)
- Investigative Team (comprised of the Human Resources Manager and Controller and/or other persons considered appropriate to undertake the investigation)
- Senior Management of Jeffery's Greenhouses (President, General Manager)

Complainant should complete Part A and B and hand it into the Human Resources Manager. If necessary, ask a Manager or the Human Resources Manager to assist you in completing the form.

Part A: Complaint Identification (to be completed by the Complainant)

1. **Complainant's Name:** _____

Contact Information: _____

(work location of complainant, or employer name, phone number, etc)

2. **Respondent's Name:** _____

Contact Information: _____

(work location of respondent, or employer name, phone number, etc)

Respondent's relationship to you:

Co-worker Employee Supervisor/Manager

Visitor Customer Supplier/Contractor

Other (specify) _____

3. **Date of the incident(s):** _____

4. **Is the Complainant the person who experienced the harassment or violence?**

Yes No _____

(If no, name and contact information of person experiencing the harassment)

7. Why is this considered harassment? (in complainants own words)

8. Impact on the individual/environment? (eg. medical attention sought, vandalism, counseling sought, property damage, physical/psychological injuries, etc)

8. Were police notified (in the case of a physical attack)?

Yes Date and Time: _____ Police Report No. : _____

No

10. Corrective action (what does the complainant want/need to resolve the situation)?

11. Signature of complainant (note if there are changes to the form, the complainant must initial each change.)

“ I have read, I understand and I agree with the above information.”

Complainant Name:

Date Signed

Received by: Human Resources Manager

Date Received

3. Steps undertaken to establish and preserve a harassment- free and violence – free work environment (eg. distribution/training on this policy, reprimand, termination, counselling/coaching etc).

4. Recommendations for changes to the Workplace Harassment/Violence Policy and/or procedures to prevent this from occurring again.

5. Signatures of Investigative Team

“ The information I have provided in this statement is true.”

Controller:

Date Signed

Human Resources Manager:

Date Signed

6. Review and Approved by Senior Management:

Senior Manager (President or General Manager)

Date Signed