

Complaint of Inappropriate Conduct

This form may be used:

- By employees to report alleged violations of Manitoba government policies and procedures related to conduct (e.g. Manitoba Government Code of Conduct, Respectful Workplace Policy: Addressing and Preventing Sexual Harassment, Harassment and Bullying).
- By persons receiving complaints to document the detail of the complaint.

Note: To complete the form electronically, **save the form to your computer and open with Adobe Reader** as certain web browsers disable some fillable functions of the form. To print the form, select 'Choose paper source by PDF page size' on the print window.

Sexual Harassment:

For complaints of sexual harassment, the person receiving the complaint must complete this form and report the complaint to the Public Service Commission (human resources). The person receiving the complaint may verify their assigned Public Service Commission contact by calling 204-945-2332.

General Information:

Alleged violations should be reported in good faith, where the person making the complaint reasonably believes they have information that can show a violation has been or is about to be committed. Employees experiencing inappropriate behaviour or witnesses who have observed inappropriate behaviour can make a formal complaint at any time, regardless of when an incident may have occurred. Complainants are encouraged to report incidents as soon as possible after they occur as this assists with the ability to investigate and/or address the issue.

Although the provision of detail through all of the sections in this document can assist in better understanding the complaint right from the initiating point, **at a minimum, the following sections need to be completed in order to enable review and follow-up:**

- Complainant Information (or see information below on Anonymous Complaints)
- Who Committed the Alleged Violation?
- General Nature of the Concern(s)

The completed form can be submitted to the employee's immediate supervisor, another level of management or to human resources. **Where there is a health and safety risk to others, the employee should first immediately contact the appropriate authorities (i.e. local police).**

If additional information needs to be included under any section of this form, this information can be completed on a separate document and attached to the form.

This document, once completed, must be stored in such a manner to protect the confidential nature of the contents.

Note:

This information is being collected under the authority of The Freedom of Information and Protection Act (FIPPA), as it is necessary to assess and resolve alleged violations of Manitoba government policies and procedures. Your personal information is protected by the protection of privacy provisions of FIPPA, and will not be used or disclosed for other purposes unless permitted by FIPPA. If you have any questions about the collection of your personal information, please contact the FIPPA Coordinator by telephone at 204-792-5871, by email at FIN-CSC-EC_FIPPA@gov.mb.ca, or by mail at 824 – 155 Carlton Street, Winnipeg, Manitoba, R3C 3H8.

Anonymous Complaints

The person receiving an anonymous complaint will assess and address the situation to the best of their ability, based on the information received. It should be noted, there can be limitations to investigating and resolving anonymous complaints, which include:

- Follow-up that is often required to verify facts may not be conducted with the complainant and this can impact the ability to investigate.
- Insufficient evidence and/or corroborating support (i.e. witnesses) may impact the ability to investigate.
- Anonymity of the complainant cannot be guaranteed, as details uncovered during an investigation could lead to speculation or knowledge of the identity of the disclosing individual.
- The complainant may not be made aware of the outcome.

This Information is available in alternate formats upon request

Complainant Information (Required Section)		
<i>Leave blank for anonymous complaints (please see information on Anonymous Complaints above).</i>		
Name:	Position Title:	Department/Branch:
Telephone Number:		Email Address:
Complaint Details Verified by Complainant (if documented on their behalf): <input type="checkbox"/>		Date of Complaint:

Who Committed the Alleged Violation? (Required Section)
<p>Include the names, position titles and department/branch of the employee(s) who committed the alleged violation:</p>

Witness Information
<p>Include the names, position titles, and contact information, if applicable/available, for anyone who may have observed or have information regarding the alleged violation:</p>

Complaint Details
<i>Describe the details of the alleged violation, providing as much detail as possible regarding the facts of the situation.</i>
<p>Details of the alleged violation (e.g. what was observed, who was involved, what was said or happened) (Required Sub-Section):</p>
<p>When and where did this situation happen (e.g. dates, times, and locations)?</p>
<p>What was happening before the situation occurred?</p>

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Complaint Details
<i>Describe the details of the alleged violation, providing as much detail as possible regarding the facts of the situation.</i>
Did anyone respond or react to the situation (who responded, what did they say or do)?
Did the incident have an effect on anyone involved (physically, mentally, professionally)? <i>Please note, counselling services are available through the <u>Employee and Family Assistance Program</u>.</i>
Identify any evidence, if applicable, such as documentation, emails and photos (please attach copies of any evidence):
Has the alleged violation already been disclosed to anyone, and if so who and when? Include the status or outcome of the complaint, and attach copies of any written responses, if applicable:

Questions

If you have any questions or require assistance completing this form, please contact the Public Service Commission at 204-945-2332 or by email at PSC@gov.mb.ca. In the alternative, you can contact the Labour Relations – Investigations Unit directly at LRInvestigations@gov.mb.ca.

Person Receiving Reported Concern (if applicable)		
<i>Note: If report is received verbally, the complainant should verify the information documented above before the report is submitted to human resources.</i>		
Name:	Position Title:	Department:
Relationship to Complainant(s):		Date Complaint Received:

Public Service Commission Information (if applicable)	
<i>All complaints of sexual harassment must be reported to the Public Service Commission.</i>	
Public Service Commission Contact:	Date Complaint Reported to the Public Service Commission:

This Information is available in alternate formats upon request

Addressing the Complaint

The following information must be completed by the person(s) involved in addressing the complaint. However, the information may be captured through other means and can be referenced on the form (e.g. please refer to investigation notes, emails, letters, etc.). The form and related documentation must be retained in a confidential file.

Where management is addressing a sexual harassment complaint, the following information must be reported to the Public Service Commission (human resources).

Next Steps
Steps taken to address the concern (i.e. formal investigation, followed steps outlined in related policy):
Has this or a similar situation occurred before, and if so, what happened and when, how was it addressed?

Outcome
Description of action(s) taken, to who, and when (i.e. training/education, corrective action):
Dates of follow-up meetings or communications to anyone else involved in the situation (i.e. witnesses to confirm the matter has been closed/addressed):
Other actions or steps that will be taken (i.e. monitoring, follow-up meetings, education/training):

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