

# INTERVENTION REQUEST FORM

## Policy promoting civility, prevention and resolution of conflicts and harassment situations at work

This form is available for employees who want to file a request with their employer under the Policy promoting civility, prevention and resolution of conflicts and harassment situations at work.

### IDENTIFICATION

Name :	Job title :
Date :	Delivered to :

### INFORMATION

#### What is the situation ?

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Incivility                         | <input type="checkbox"/> Psychological harassment | <input type="checkbox"/> Psychological violence |
| <input type="checkbox"/> Conflict with colleague/supervisor | <input type="checkbox"/> Sexist harassment        | <input type="checkbox"/> Verbal violence        |
| <input type="checkbox"/> Intimidation                       | <input type="checkbox"/> Racial harassment        | <input type="checkbox"/> Physical violence      |
|   | <input type="checkbox"/> Sexual harassment        | <input type="checkbox"/> Sexual violence        |
- Others (specify) : \_\_\_\_\_

#### What are the objectives of your statement ?

- Notify my employer that there is a problem and that I want an intervention to take place to help resolve the situation.  
- **OR** -  
 Formally file a formal complaint regarding psychological or sexual harassment (an investigation will be opened).

#### Others proceedings

Have you discussed the situation in order to resolve the issue (with the concerned person, HR, management, etc.) ?

- Yes /  No

Specify :

Have you taken other proceedings?

- Yes /  No

Specify :

### SITUATION SUMMARY

On the next page, say in your own words what leads you to believe that you have suffered a violation of your rights or of the grounds provided for in the Policy. Be specific (when, where), present the facts (events, words, actions) and the consequences these facts had on you. Do not forget to indicate the dates, the names of the people having knowledge or having been informed of these facts (witnesses). Do not forget to identify, if applicable, how you expressed your non-consent to the person presumed responsible for conduct contrary to the Policy (example: avoid the person, verbally express your disagreement, etc.).

Attach any relevant document (example: medical certificate, letter from the alleged harasser, email, text, etc.).

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## SITUATION SUMMARY

Date(s)	
Location(s)	
Person(s) involved	
Witness(es)	
Events summary	

You can attach additional sheets if needed.

- I declare that the information provided in this form is true and I ask the company to take the means deemed necessary to help resolve this situation.
- I understand that by filing this complaint, the persons identified will be informed of the allegations made against them in order to obtain their version of the facts.
- I also understand that the witnesses indicated in this complaint could be met in order to corroborate certain facts.

Employee signature

Date

\_\_\_\_\_

\_\_\_\_\_

Send your form by email to **Daisy Lilly Best** at [daisy@scavengers.ca](mailto:daisy@scavengers.ca) or to **Caroline Lemay** (Ombudsperson) at [scavengers.ombuds@omega-ombs.ca](mailto:scavengers.ombuds@omega-ombs.ca).

### ACKNOWLEDGMENT OF RECEIPT

Signature of the person responsible for the Policy or Ombudsperson

Date

\_\_\_\_\_

\_\_\_\_\_