

## **ISA Ontario (ISAO) Human Rights and Anti-Harassment Complaint Form**

The purpose of this form is to assist you in communicating concerns you may have, including harassment and/or discrimination relating to employment, volunteerism, receiving a service, attending an event or an event facility provided by the ISAO. This form is reviewed by the ISAO Executive Director who will get back to you within 48 hours. Your information will be treated confidentially in accordance with the [ISAO Human Rights and Anti-Harassment Policy \(HRAP\)](#).

### **Eligibility**

Which ISAO service, event, volunteer activity, employment or facility does your complaint involve?

### **Type of Complaint**

Please review the ISAO HRAP and determine the grounds upon which your complaint is based. Optionally, simply briefly describe your complaint:

### **Contact Information**

Please note that anonymous complaints may not allow for the ISAO to respond. If you would like to request general information, please call or text the ISAO Executive Director at: 416.700.1643 or e-mail: [rebecca@isaontario.com](mailto:rebecca@isaontario.com)

Please provide contact information so that we can follow-up with you to get more details, discuss the matter, and provide you with assistance as appropriate.

First Name:

Last Name:

Phone:

Alternative Phone (optional):

Address (optional):

Email:

**Are you an ISAO employee or volunteer?**

**If neither, what aspects are you involved with ISAO?**

### **Complaint Details**

You will be asked to identify the date(s) of the incident(s). If you don't know the exact date(s), please provide an approximate date. If you are alleging an ongoing series of incidents, please indicate the date of the most recent incident and other dates as best you can.

Date of the Incident: (please use format: 12 March 2000)

If the incident you are reporting happened more than one year ago, please explain why you are filing a complaint now.

Explanation for Late Filing (optional):

### **Issue**

Select options for Issue:

- Accommodation
- Code Harassment
- Discrimination
- Reprisal

Workplace Harassment

Who is the complaint against?

Please list all names of individuals who are involved, separated by semi-colons.

### **Incident(s) Details**

Describe the incident(s) that you believe was discrimination or harassment. For each incident or event, include:

1. What happened?
2. Who was involved?
3. When did it happen?
4. Where did it happen?
5. Were there any witnesses?
6. If required, attach file(s) relating to your complaint.

Incident(s) Description (optional):

File Attachment (optional):

### **Resolution Details**

**Have you already tried to resolve your complaint?** (optional)

**Have you filed a Human Rights Tribunal of Ontario application?** (optional)

**Have you filed a complaint with the Ministry of Labour?** (optional)

Details of how you tried to resolve your concern should include the following information:

1. Who did you raise concerns to?
2. When did you make the complaint?

3. What action was taken? If any.

Please provide more details (optional):

**Resolution desired**(optional):

Describe what you would like to happen to resolve your concerns.

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**For More Information:**

**1. Rebecca Lord**

Executive Director

**ISA Ontario**

**Confidential Direct Cellphone:** 416.700.1643 (you are able to leave a confidential VM)

**Confidential Email:** [rebecca \[at symbol\] isaontario.com](mailto:rebecca[at symbol] isaontario.com)

**2. Steve Robinson**

President Elect 2021/22

**ISA Ontario**

Confidential Email: [robinson.steve4 \[at symbol\] gmail.com](mailto:robinson.steve4[at symbol] gmail.com)