



Written Complaint Form

Formal Complaint of Discrimination/Harassment under
AP-505 Harassment Prevention
Appendix A

Your Name: _____

Position: _____

Home Phone: _____ **Work Phone:** _____

School/Department: _____

Complaint

Against: _____

Position: _____

School/Department: _____

**The incident(s) which form the basis
of this complaint took place on:** _____

**Describe the Incident(s) or event(s) that is the basis of this complaint (indicate dates and location of
events) (please place on a separate page if necessary):**

Date

Signature of Complainant

Please return the completed form to:

Prairie Spirit School Division, Human Resources
P.O. Box 809, 121 Collins Street, Warman, SK S0K 4S0
email: humanresources@spiritsd.ca
Phone: (306) 683-2800 Fax: (306) 943-8221