



## Respectful Working & Learning Environments Response Form

F 2-20-B

A complaint of harassment/discrimination has been filed with our office against you. A copy of the complaint is attached. Please complete the following with information you feel is relevant to the complaint brought against you. Your response to the issues identified in the complaint will assist us in completing the investigation as soon as possible. This form must be completed and returned within five (5) days of your receipt of the Complaint Form.

\_\_\_\_\_  
Name and Position

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Contact Number

Name of Respondent:	
Address:	
Telephone:	School/Department (if applicable):
Please give a detailed response to the allegations set out in the enclosed complaint. The information provided must specify date(s), time(s), location(s), person(s) involved and name of witnesses (attach a separate sheet if necessary):	
Are any items in the complaint incorrect or incomplete?	
Do you have any suggestions as to how this matter may be reasonably resolved?	
I agree not to discuss or disclose any aspect of this complaint or the proceedings, except as required by the investigative process or in response to any legal requirement.	
Signature of Respondent:	
Received by:	Date Received:

This information is collected under the authority of the Freedom of Information and Protection of Privacy Act Section 33 (c). For further information, you may call the Principal or FOIP Coordinator at 780-674-8500.

Copy 1 – Complainant    Copy 2 – District Office    Copy 3 – School/Department    Copy 4 - Respondent