



RESPONSE FORM UNDER OPSEU HARASSMENT AND DISCRIMINATION PREVENTION POLICY

Please complete all sections of this response form with the help of "The Guide to the Complaint Process" and your Advisor. Respondents must submit the response form to the Equity Unit within fourteen (14) days of the date the complaint was received. Please ensure you sign and date each page.

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A. Contact information for the respondent

If you have been named as an individual respondent, please complete this section:

A.1. Respondent's Name: _____

Street Name _____ Street # _____

City/Town _____ Province _____

Postal Code _____ Email _____

Daytime Phone _____ Cell Phone _____

TTY _____

A.2. What is the best way to send information to you?

- phone
- mail
- e-mail (you agree to delivery of documents by e-mail)

Signature: _____ Date: _____

B. Contact information for additional respondents

Please complete this section if another respondent was named in the complaint:

B.1. Respondent's Name: _____

Street Name _____ Street # _____

City/Town _____ Province _____

Postal Code _____ Email _____

Daytime Phone _____ Cell Phone _____

TTY _____

C. Information about affected parties

Please complete this section if you believe another person/organization should be named as an affected party to the complaint and/or given notice (an affected party refers to corporate OPSEU and/or a person, organization and/or association that may be affected by the complaint and/or response).

C.1. (a) What person/organization should be named as an affected party? _____

(b) Please describe why you believe the person/organization should be named as an affected party or given notice (please use additional paper if required): _____

Signature: _____ Date: _____

D. Request not to deal with a complaint

D.1. Complete this section only if you believe that the complaint should not be dealt with because one or more of the reasons below applies:

- The complaint is frivolous, vexatious, and/or made in bad faith (a complaint is *frivolous* if it is inconsequential or not serious; it is *vexatious* if it is filed without reasonable grounds; and it is made in *bad faith* if it is dishonest or made with the intent to deceive)
- The facts upon which the complaint is based occurred more than six (6) months ago
- The complaint is outside OPSEU’s jurisdiction
- The complaint is more appropriately dealt with under another policy or legislation

If none of the above applies to your response, please go to **Section I** (page 6).

E. Request not to deal with a complaint because the complaint is frivolous, vexatious or made in bad faith

E.1. Please summarize why you believe the complaint is frivolous, vexatious or made in bad faith (please use additional paper if required):

Signature: _____ Date: _____

F. Request not to deal with a complaint because the facts of the complaint occurred more than six (6) months ago

F.1. Please summarize why you believe the facts of the complaint occurred more than six (6) months ago (please use additional paper if required):

G. Request not to deal with a complaint because the complaint is outside OPSEU's jurisdiction

G.1. Please summarize why you believe the complaint is outside OPSEU's jurisdiction:
(Jurisdictional issues may relate to a complaint which is outside the scope and application of the policy e.g. the complaint only relates to workplace incidents; or the complaint does not properly fall within any of the identified grounds e.g. the complaint is about political affiliation.)

Signature: _____ Date: _____

J. Documents that support your response

J.1. Please list any important documents you will be including with your response (Please remember to include copies of the documents you list):

1.
2.
3.
4.
5.

K. Witnesses who are relevant to your response

K.1. Please provide a **confidential** list witnesses that are relevant to your response:

<i>Witness</i>	<i>Contact Information</i>
1.	
2.	
3.	
4.	
5.	

L. Mediation

L.1. Do you agree to participate in mediation of the complaint?

Yes

No

Signature: _____ Date: _____

N. Signature

Respondent's Name: _____

Respondent's Signature: _____

Advisor's Name: _____

Date (dd/mm/yy): _____

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For further information, please contact the **OPSEU Equity Unit** at:

100 Lesmill Rd., Toronto, ON M3B 3P8
Telephone: 416.443.8888 ext. 8790
or 1.800.268.7376.

Our **Confidential Hotline** number is:

416.443.8888 ext. 8778
Toll free: 1-800-268-7376 ext. 8778
and TTY: 1-800-663-1070.

Signature: _____ Date: _____