



Western Development Museum
Corporate Office

2935 Lorne Avenue
Saskatoon, SK S7J 0S5

P: 306-934-1400
W: wdm.ca

Harassment Complaint Form

Form completed by:

Name: _____ Position: _____

Contact Information: _____

This complaint is being filed as (check one): An Informal Complaint A Formal Complaint

Complaint filed against:

Name: _____ Position: _____

Description of the Objectionable Conduct: (please include dates and locations of events)

Witnesses:

Name: _____

Contact Information: _____

Nature of Complaint (As it pertains to the Respectful Workplace Policy):

Check all that apply:

- Discrimination Harassment Abuse (Please Specify: _____)
- Bullying Neglect Violence

Remedy Sought:

Additional Information or Material:

Signature: _____ **Date:** _____