

**Alma Mater Society (AMS) of UBC Vancouver  
Respectful Community and Workplace Complaint Form**

This form should be used to report a complaint under the AMS Respectful Community and Workplace Policy. This form should be completed as soon as possible after an incident of Bullying and Harassment or Discrimination has occurred. If you intend to submit a formal report and **the Respondent (individual you are reporting) is an AMS Staff**, please submit this form to the Human Resources Manager ([praneetsandhu@ams.ubc.ca](mailto:praneetsandhu@ams.ubc.ca)). If you intend to submit a formal report and **the Respondent (individual you are reporting) is an AMS Member**, please submit this form to the AMS Ombudsperson ([ombudsperson@ams.ubc.ca](mailto:ombudsperson@ams.ubc.ca)).

SASC can also assist you with completing this form. SASC can be contacted at:

Sexual Assault Support Centre	
Phone:	604-827-5180
Email:	sasc@ams.ubc.ca
Website:	amssasc.ca

*Privacy Notification: This form will be treated in accordance with the AMS Respectful Community and Workplace Policy and the AMS Privacy Policy. The AMS will not disclose information on this form to any individual except where disclosure is necessary for the purposes of investigating the complaint or taking responsive measures in relation thereto or as otherwise permitted by the Respectful Community and Workplace Policy. Note that in almost all complaints, the AMS will have to disclose to the party being accused of Bullying and Harassment or Discrimination, and potential witnesses enough information about the complaint to allow them to give meaningful evidence. This may involve or result in the disclosure of information in this form. If you have any questions about the collection or disclosure of this information, please contact the AMS Human Resources Manager ([praneetsandhu@ams.ubc.ca](mailto:praneetsandhu@ams.ubc.ca)) or the AMS Ombudsperson ([ombudsperson@ams.ubc.ca](mailto:ombudsperson@ams.ubc.ca)).*

SECTION A: YOUR INFORMATION	
First name:	Last name:
Contact information:	

SECTION B: INFORMATION ABOUT THE INDIVIDUAL YOU ARE REPORTING		
First name:	Last name:	
Are they (select all that apply):		
<input type="checkbox"/>	AMS Member (i.e. UBC Student)	If known, what organization or group(s) is this person affiliated with?

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	<b>AMS Staff (i.e. works for in AMS)</b>	If known, what is their job, title, or department?
	<b>Background Unknown</b>	
<b>Additional Information</b>		
How do you know the individual?		
Do you have any contact information for them (i.e. email address, phone number, etc.)?		

<b>SECTION C: INCIDENT INFORMATION</b>	
Date of incident(s):	
Name(s) and contact information of any witnesses:	
<b>Was the Incident (select all that apply):</b>	
	<b>Bullying and Harassment</b>
	<b>Discrimination</b>
	<b>Other (please describe the incident here):</b>
<b>Please describe the incident below (you do not need to provide full details for the purpose of submitting this Report):</b>	
<i>The investigator may contact you if they require more information.</i>	

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AMS prohibits retaliation for filing a Report. If you are intimidated, threatened, or harassed as a result of completing this Report please immediately contact the entity to whom you submitted the Report – i.e. either the AMS Ombudsperson or AMS Human Resources Manager. In addition:

- For health and support, please contact AMS SASC.
- If there is any concern about your safety, please contact the police.

**By signing below, I understand that:**

- a) I am submitting a formal complaint to the AMS Ombudsperson or AMS Human Resources Manager, under the AMS Respectful Community and Workplace Policy.
- b) This report will be used for the purpose of potentially investigating the alleged incident of Bullying and Harassment and/or Discrimination.
- c) If the AMS begins an investigation, information used in this report may be used to as part of the investigation.
- d) The information provided by me in this form is true to the best of my knowledge and belief.

Your signature: \_\_\_\_\_

Date: \_\_\_\_\_