



WORKPLACE HARASSMENT AND VIOLENCE

Notice of occurrence – Instructions

In order to provide notice of an occurrence of workplace harassment or violence, the form below must be completed by the complainant or witness.

Definition

Workplace harassment and violence is defined as:

“Any action, conduct or comment, including of a sexual nature, that can reasonably be expected to cause offence, humiliation or other physical or psychological injury or illness to an employee, including any prescribed action, conduct or comment.”¹

How to proceed

Notice can be provided in **writing** or **verbally** and must be submitted to a team leader, another management representative or the designated recipient.

Where notice is provided **anonymously**, sections of the form requesting the name or identity should remain blank. If the name or identity of the complainant to the occurrence is not provided or cannot be determined, the employer or designated recipient will take no further action.

Upon receipt of the completed Notice, Canada Post will initiate the **Workplace Harassment and Violence Resolution Process**. This resolution process is focused on prevention and restoration and is not intended to be disciplinary or a remedy for damages. However, where there has been a breach of the policy, Canada Post must take all reasonable measures to prevent further similar occurrences.

An overview of the resolution process can be found on the [Make it safe. Make it home.](#) web page under [Basic safety > Aggressive behaviour > Employee on employee.](#)

Protection of privacy

Any personal information received under the Workplace Harassment and Violence Policy is protected by the *Privacy Act* and the relevant provisions of Canada Post’s Employee Privacy Policy. Therefore, personal information of other Canada Post employees involved in this investigation, as well as details of the ongoing investigation, must not be discussed with others. Failure to comply could result in corrective or disciplinary measures up to and including dismissal.

¹ *Canada Labour Code*



In the case of an emergency

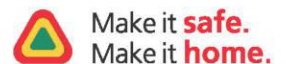
If there is imminent or serious risk to physical safety, please initiate emergency procedures by contacting your immediate supervisor or 9-1-1.

Instructions for employer or designated recipient – verbal notification

All information is required to initiate the resolution process, except the name or identity of the individual making an anonymous report. Please ensure the **Definition of Harassment and Violence**, the **Protection of Privacy** and the **In the Case of an Emergency** sections are reviewed.

Designated Recipient – Notices can be provided to a Designated Recipient as an alternative to providing directly to a team leader. Selected members of Canada Post's Health and Safety team are assigned this role and the associated responsibilities. Notices to the Designated Recipient can be submitted to designatedrecipient.destinatairedésigné@canadapost.postescanada.ca.

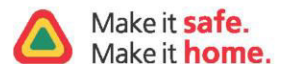
Should you require additional support during this time, there are services available through the Employee and Family Assistance Program (EFAP) 24 hours a day, 7 days a week, at no cost. To contact the EFAP provider, Homewood Health, please call 1-866-565-4903.





NOTICE OF OCCURRENCE FORM

| | | |
|---|--|-----------------------|
| First and last name of person filing notice: [Leave blank if anonymous] | Employee #: [Leave blank if anonymous] | Work location: |
| Name and position of person receiving this notice: | Date notice is delivered: | |
| Is this notice being filed anonymously? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you a witness? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you a complainant? <input type="checkbox"/> Yes <input type="checkbox"/> No On behalf of another person: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is the person's name: _____ Relationship: _____ | | |
| Phone number: | Email address: | |
| Preferred method of contact: <input type="checkbox"/> Phone <input type="checkbox"/> Email: | | |
| Name of representative (if applicable): Relationship to complainant: If employee representative is a union/association, indicate which union/association: <input type="checkbox"/> APOC <input type="checkbox"/> CUPW <input type="checkbox"/> PSAC <input type="checkbox"/> CPAA <input type="checkbox"/> MGT/XMT | | |
| Representative contact information: | | |
| INCIDENT DETAILS | | |
| Date(s) range of incident(s): | Date of latest incident: | |
| Description of harassment/violence: <input type="checkbox"/> Name-Calling <input type="checkbox"/> Yelling/shouting <input type="checkbox"/> Gossiping <input type="checkbox"/> Threats (verbal, written, in person) <input type="checkbox"/> Destruction of property <input type="checkbox"/> Slapping, hitting, choking <input type="checkbox"/> Domestic violence (physical/psychological) <input type="checkbox"/> Armed robbery <input type="checkbox"/> Robbery <input type="checkbox"/> Unwanted touching <input type="checkbox"/> Groping/slapping/grabbing <input type="checkbox"/> Stalking <input type="checkbox"/> Indecent exposure <input type="checkbox"/> Abusive language <input type="checkbox"/> Road rage <input type="checkbox"/> Other: _____ | | |





Who is the complaint against?

[Please provide the name of the person(s)]

Detailed description of incident/complaint:

[Add additional pages if needed]

Did you report your concerns? Yes No

If yes please state **date**, and the **name** and **position of the person** to whom you reported those concerns.

Were you offered the opportunity to participate in a resolution for this complaint?

Yes No

If yes, what was the outcome?

How would you like to see your complaint resolved (i.e. open discussion, apology, training, mediation, other)?