APPENDIX 1

COMPLAINT FORM

YOUR CONTACT DETAILS:
Full name: _____
Job title: _____
Telephone number:_____

THE PERSON WHO IS THE SUBJECT OF THE COMPLAINT:
Full name: _____
Job Title: _____

Relationship with the subject of the complaint :
□ Colleague □ Immediate superior □ Other (specify) : _____

TYPE OF HARASSMENT:
□ Discriminatory □ Psychological □ Sexual

FORM OF HARASSMENT:
□ Verbal □ Non-Verbal □ Physical

DESCRIPTION OF THE FACTS (please answer the questions: when, where, how, frequency, etc.)

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CASO CLUB AQUATIQUE DU SUD-OUEST		

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REPERCUSSIONS OF HARASSMENT :

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DID YOU TAKE ANY ACTION BEFORE FILING THIS COMPLAINT?

IF SO, PLEASE SPECIFY THE STEPS TAKEN AND THE OUTCOME.

_____

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Please return the form to the contact details below:
CASO management: direction@caso-montreal.com
If your complaint is against the management of the CASO
CASO Board of Directors: CA@caso-montreal.com

Reserved for administration use only

Name of the person who received the form: _____

Date: _____