

McGill's Policy on Harassment and Discrimination REPORTING FORM

This Reporting Form is a starting point for a process through McGill's [Policy on Harassment and Discrimination](#) ("the Policy") and its accompanying [Procedures](#). After completing this Form, please e-mail it to McGill's Office for Mediation and Reporting (OMR) at omr@mcgill.ca.

Within 5 days, the OMR will contact you to acknowledge receipt of this report and will conduct an initial review to determine whether the report falls within the Policy's scope and jurisdiction.

(Please check each box below to indicate that you have read and understand the following:)

I understand that, if this matter proceeds to an investigation, a copy of this Form will be provided to the Respondent, as per section 37 of the [Procedures Related to the Policy on Harassment and Discrimination](#).

I have been informed of my right to be accompanied by an Advisor (i.e., a member of the University Community, or a local union representative, who has agreed to act in an advisory capacity. Advisors are not paid for their services).

Reporter signature: _____ **Date:** _____
(If this is a confidential report, then do not sign this Form)

I. Parties to the Report

A. Reporter *(Please check one box below and follow the corresponding instructions for this section)*

This is a first-party report (i.e., I am the person alleged to have experienced harassment and/or discrimination). Please complete *Section A: Reporter* with your information.

This is a third-party report (i.e., a report made by someone other than the person alleged to have experienced harassment and/or discrimination). Please complete *Section A: Reporter* with your information and complete *Section C: Involved Party* with information about the individual who allegedly experienced harassment and/or discrimination.

This is a confidential report (i.e., a report made by a person whose identity is known only to the OMR and is not disclosed to the Assessor, the Respondent, or any other person.) If this is a confidential report, then do not complete *Section A: Reporter*. If this confidential report is about someone else, i.e., it is also a third-party report, then please complete *Section C: Involved Party* with information about the individual who allegedly experienced harassment and/or discrimination.

| | | |
|-------------------------|--|--|
| Reporter name: | | |
| Department name: | | |
| E-mail: | Telephone: | |
| McGill status: | Undergraduate student | |
| | Graduate student | |
| | Postdoctoral fellow | |
| | Academic staff | |
| | Administrative or support staff | |
| | Former student | |
| | Other (describe): | |
| Gender: | Female <input type="checkbox"/> | Male <input type="checkbox"/> Other <input type="checkbox"/> |

B. Respondent

This is the individual who is alleged to have perpetrated harassment and/or discrimination. Please note that you may name more than one Respondent. If you require more space, please attach a separate document to this Reporting Form.

| | | | |
|-------------------------|--|--------------------------------------|---------------------------------------|
| Respondent name: | | | |
| Department name: | | | |
| E-mail: | | Telephone: | |
| McGill status: | Undergraduate student | | |
| | Graduate student | | |
| | Postdoctoral fellow | | |
| | Academic staff | | |
| | Administrative or support staff | | |
| | Other (describe): | | |
| Gender: | Female <input type="checkbox"/> | Male <input type="checkbox"/> | Other <input type="checkbox"/> |

C. Involved Party

This section is for third-party reports only (i.e., a report made by someone other than the person alleged to have experienced harassment and/or discrimination), including third-party reports that are also confidential reports. If this is not a third-party report, please skip to Part II: Incident Information.

Please provide information about the individual who allegedly experienced harassment and/or discrimination. This person has the right to be informed about this report and to choose whether to participate or not in an investigation of such report.

If you require more space, please attach a separate document to this Reporting Form.

| | | | |
|-------------------------|--|--------------------------------------|---------------------------------------|
| Name: | | | |
| Department name: | | | |
| E-mail: | | Telephone: | |
| McGill status: | Undergraduate student | | |
| | Graduate student | | |
| | Postdoctoral fellow | | |
| | Academic staff | | |
| | Administrative or support staff | | |
| | Other (describe): | | |
| Gender: | Female <input type="checkbox"/> | Male <input type="checkbox"/> | Other <input type="checkbox"/> |

II. Incident Information

If you require more space, please attach a separate document to this Reporting Form.

| | | |
|---|--|--|
| Nature of the Report (Check all that apply): | Discrimination (See section 1.4 of the Policy) | |
| | Harassment (See section 1.5 of the Policy) | |
| Date(s) and time(s) that the incident(s) occurred: | | |
| 1 | | |
| 2 | | |
| 3 | | |
| Location(s) of incident(s): | | |
| 1 | | |
| 2 | | |
| 3 | | |
| In the space below, please briefly describe the incident(s) providing relevant details (e.g., individuals present, what happened, the act(s) or omission(s) experienced as harassment and/or discrimination, etc.). | | |
| <p><i>Please note that only a brief description of the incident(s) is necessary for the purpose of submitting this Reporting Form as the opportunity to recount the allegations in full will present itself at an interview with the mediator or Assessor. Also, you do <u>not</u> need to provide any additional materials (e.g., screenshots, emails, photos, etc.) at this time.</i></p> | | |
| 1. | | |
| 2. | | |
| 3. | | |