BULLYING & HARASSMENT DOCUMENTATION TEMPLATE This is not a required form. UNA members are encouraged to document instances of bullying and harassment using this



template or other documentation methods. If you are experiencing bullying and harassment, please contact UNA.

Name:		Local:
Employer:	Unit/Office/Program:	
INSTANCES		
Date: YYYY/MM/DD Witnesses:		
Incident (who/what/where/when)		
Thoughts, Feelings, & Symptoms		
		continued on attached page
Date: YYYY/MM/DD Witnesses:		
Incident (who/what/where/when)		
Thoughts, Feelings, & Symptoms		
		continued on attached page

Discriminatory Action: any action or threat of action by a person that does or would adversely affect a worker with respect to any terms or conditions of employment or opportunity for promotion, and includes termination, layoff, suspension, demotion or transfer of a worker, discontinuation or elimination of a job, change of a job location, reduction in wages, change in hours of work, reprimand, coercion, intimidation or the imposition of any discipline or other penalty.

Harassment: any single incident or repeated incidents of objectionable or unwelcome conduct, comment, bullying or action by a person that the person knows or ought reasonably to know will or would cause offence or humiliation to a worker, or adversely affects the worker's health and safety, and includes

- i. conduct, comment, bullying or action because of race, religious beliefs, colour, physical disability, mental disability, age, ancestry, place of origin, marital status, source of income, family status, gender, gender identity, gender expression and sexual orientation, and
- ii. a sexual solicitation or advance,

but excludes any reasonable conduct of an employer or supervisor in respect of the management of workers or a work site.

Violence: whether at a work site or work-related, the threatened, attempted or actual conduct of a person that causes or is likely to cause physical or psychological injury or harm and includes domestic or sexual violence.

INSTANCES (continued)	
Date: YYYY/MM/DD Witnesses:	
Incident (who/what/where/when)	
Thoughts, Feelings, & Symptoms	
	continued on attached page
Date: YYYY/MM/DD Witnesses:	
Incident (who/what/where/when)	
Thoughts, Feelings, & Symptoms	
	continued on attached page
Date: YYYY/MM/DD Witnesses:	
Incident (who/what/where/when)	
Thoughts, Feelings, & Symptoms	
	continued on attached page

INSTANCES (continued)	
Date: YYYY/MM/DD Witnesses:	
Incident (who/what/where/when)	
Thoughts, Feelings, & Symptoms	
	continued on attached page
Date: YYYY/MM/DD Witnesses:	
Incident (who/what/where/when)	
Thoughts, Feelings, & Symptoms	
	continued on attached page
Date: YYYY/MM/DD Witnesses:	
Incident (who/what/where/when)	
Thoughts, Feelings, & Symptoms	
	continued on attached page

ІМРАСТ	
Describe the impact the harassment has had on the following aspects, if applicable:	
Health	
Relationships at work:	
Performance at work:	
Attendance/absences:	
Conduct/disciplinary record:	
	continued on attached page

SUMMARY OF HARASSMENT	
When did the harassment start?	
YYYY/MM/DD	
Who is involved in the harassment?	
Are others being harassed as well? Yes No If so, who?	
Was the harassment based on a protected ground? Yes No If so, please elaborate: Protected grounds are race, religious beliefs, colour, gender, gender identity, gender expression, physical disability, mental disability, age, ancestry, place of origin, marital status, source or	f
income, family status, sexual orientation, appearance/size/weight, or union involvement.	
continued on attached	l page