



## Camp Northland Workplace Harassment/Violence Complaint Form

Updated June 2025

### **Purpose:**

This form is a tool to help individuals report experiences or concerns related to harassment, discrimination, or inappropriate conduct at Camp Northland. It is designed to provide a structured, supportive way to document concerns and ensure they are addressed respectfully, fairly, and in accordance with our camp values and policies. The form can be filled out by someone who feels they have been harassed, or if you have witnessed violence/harassment in the workplace.

### **Is this form required?**

No. While this form is a helpful tool for organizing and documenting a report, **it is not required**. Anyone may choose to report harassment in any way that feels safe and appropriate to them—including speaking directly to a supervisor, leadership staff, or using other written or verbal communication. With that said, please note that workers have obligations to report regardless of if they wish for an investigation to occur.

### **Do all parts of the form need to be completed?**

No. Please complete as much of the form as you are comfortable with. We encourage you to share as much detail as you are able, as this helps us better understand and respond to your concerns, but we recognize that some situations may be difficult to fully document.

### **How is the information used and managed?**

All information submitted through this form is handled with **the utmost sensitivity and confidentiality**. It is reviewed by designated camp leadership responsible for managing such concerns. Information will only be shared on a **need-to-know basis** in order to support a fair and appropriate resolution process. Our goal is always to protect the safety, dignity, and well-being of all parties involved.

I, \_\_\_\_\_, have reasonable grounds to believe that \_\_\_\_\_, has engaged in workplace harassment and/or violence in contravention of the Camp Northland Workplace Harassment and Violence Policy.

The situation occurred as follows:

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I have taken the following steps to date:

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Printed name \_\_\_\_\_

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

This can be submitted to one of the following staff:

- Camp Directors
- Full Time Team
- Wellness Team