

### Appendix AE - B

## Workplace Safety and Health HARASSMENT RESPONDENT'S RESPONSE

| Respondent's Name  |  |  |  |
|--|--|--|--|
| Work Location / Position   |  |  |  |
| Contact Numbers / Work / Cell / Home   |  |  |  |
|  |  |  |  |
| I have read a copy of the written complaint and am providing the following response. (If you require more space, please attach additional sheets to this form. Please include details of the incident, from your perspective as well as dates, times, where the incident happened and the names of witnesses, if any.) |  |  |  |
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| Were you aware of this complaint prior to receipt of the forr to resolve the problem, and if so, describe what steps you l |      | mpted |
|--|------|-------|
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|  |      |       |
|  |      |       |
|  |      |       |
| Do you have a proposed resolution? Please explain.   |      |       |
|  |      |       |
|  |      |       |
|  |      |       |
|  |      |       |
| Respondent's Signature   | Date |       |

#### **Important - Please Read:**

- 1) The filing of this response does not guarantee that an investigation will occur. The complaint and response will be reviewed and an assessment made by the employer as to whether an investigation is warranted and/or whether an informal resolution process should be pursued.
- 2) This document and any attachments that you provide in the course of filing a response will be held in confidence. The response form and its attachments may be disclosed to the Complainant. Your signature confirms that you have been made aware and give permission for the above use of this information.

SUBMIT COMPLETED FORM TO YOUR IMMEDIATE SUPERVISOR OR THE SUPERINTENDENT IN A CONFIDENTIAL ENVELOPE.