

Respondent's Response Form

**Human Rights
Harassment/Discrimination Complaint**

PAGE ONE (INFORMATION DISCLOSED TO COMPLAINANT)

Respondent's Name: _____

Position: Staff Student Faculty Visitor
 Other

RESPONSE TO ALLEGATIONS

With reference to the enclosed complaint, provide a **detailed response** to the allegations. In responding, please refer and respond to each allegation separately. The information that you provide should be as **specific** as possible with respect to dates, times, places, documents and persons involved.

(You may attach additional pages if there is not enough room on this form.)

Please describe any actions that you have taken to try to resolve this matter.

Provide copies of any documentation which may be relevant to the issues of this case as referred to in the complaint or in your response. Please list the documents provided with comments where applicable.

This document and any attachments to it that you provide in the course of responding to this complaint will be held in confidence by Conestoga. Page one of this form and its attachments will be disclosed to the complainant and to the investigator, adjudicators and mediators appointed to assist with the resolution of this complaint, as outlined in the policy procedures. **Privileged information, such as the list of witnesses, provided on page two of this form, will not be disclosed to the complainant.** Your signature confirms that you have been made aware of and give permission for the above use of this information.

Signature of respondent: _____ **Date:** _____

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PAGE TWO (INFORMATION NOT DISCLOSED TO COMPLAINANT)

Name: _____

Address: _____

Telephone: **(business)** _____ **(residence)** _____

Email: _____

Position held/work location: _____

Witnesses to the events of this complaint:

Please identify, in order of importance, anyone that you feel would provide helpful information to assist the investigation of this complaint.

Name: _____ **Telephone:** _____

Name: _____ **Telephone:** _____

Name: _____ **Telephone:** _____

Name: _____ **Telephone:** _____

Signature of respondent: _____ **Date:** _____

Questionnaire received by: _____ **Date:** _____

PLEASE DATE STAMP UPON RECEIPT