

5. Direct Witnesses:

Name	Contact Information

6. Relevant Documents: Please attach copies of any documents you consider relevant to this complaint.

7. Signature:

By signing this complaint, you are agreeing to have a copy submitted to ***Human Resources**. Your complaint will be maintained in confidence; however, relevant information will be shared to the extent necessary to determine the appropriate resolution of this matter.

***(Or Deputy Minister of Finance and Treasury Board where submitted in the appropriate circumstances per policy AD 2913 7.2.b).**

The information provided in this complaint is true and correct to the best of my knowledge. I am willing to cooperate fully in the investigation of my complaint and provide whatever evidence the investigation deems relevant.

Signature

Date