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Workplace Harassment and Violence Prevention Policy Template — Alberta

Alberta • Canada

Last updated August 13, 2026 • Free PDF template

Template use notice

This policy is a general drafting resource, not legal advice or a guarantee of compliance. Confirm the governing jurisdiction, replace every square-bracketed field, remove drafting notes, customize workplace-specific hazards and controls, complete every required consultation, assessment, posting and training step, check sector-specific requirements, and obtain qualified legal advice before adoption. Laws may change after August 13, 2026.

Prepared for employer customization and implementation.

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Important use notice

This is a rigorous drafting template, not legal advice or a promise of legal immunity. The governing jurisdiction depends on the workplace and undertaking; federally regulated status depends primarily on the undertaking, not simply the employee's physical location. Laws, regulator interpretations and sector-specific rules may change after the last-updated date.

Before an employer issues or relies on this policy, it must:

1. confirm that this is the correct jurisdiction and check all sector-specific requirements;
2. replace every square-bracketed field and delete all drafting notes;
3. complete all legally required consultation, joint development, assessment, posting, availability and training steps;
4. insert workplace-specific hazards, controls, reporting recipients, emergency contacts and support services;
5. reconcile the policy with collective agreements, contracts, privacy, human rights, accessibility, professional, child/vulnerable-person, whistleblower and other applicable rules;
6. obtain qualified jurisdiction-specific legal advice for its operations and workforce; and
7. keep evidence of approval, communication, training, investigation, corrective action and every required review.

Legal requirement identifies a rule expressly reflected in cited occupational health and safety legislation. Regulator-stated expectation or adopted code method identifies official guidance or an approved code method. Enhanced control identifies a stronger administrative practice and is not represented as a statutory rule unless the policy expressly says otherwise.

Quebec is intentionally excluded. Do not use this template for a Quebec workplace.

Violence and Harassment Prevention Plan and Workplace Harassment Policy

1. Adoption record

Field	Required entry
Employer / work sites	[Legal name / sites]
JHSC / H&S representative / affected-worker consultation	[Body and dated record]
Primary reporting recipient	[Name/title/secure channels]
Alternate independent recipient	[For allegations involving primary recipient or senior leadership]
Emergency / security contact	[Contact]
Supports	[EAP, medical, counselling, community]
Effective date / next mandatory review	[Date / no later than 3 years, subject to earlier triggers]
Plan availability	[Physical/electronic location readily available to workers]

This is the employer's written violence and harassment prevention plan. It will be kept readily available to workers and to the JHSC or health and safety representative, as Alberta OHS guidance directs, and implemented at every covered work site.

2. Commitment, scope and legal standard

[Employer] prohibits workplace violence and harassment and will eliminate the hazards so far as reasonably practicable or otherwise control them. This plan applies to workers, supervisors, managers, directors, owners, contractors, volunteers, applicants and work-related third parties at every work site and in work-related travel, accommodation, social events, remote work and digital communications.

Harassment and violence have the meanings in the Alberta Occupational Health and Safety Act. Harassment includes single 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. It includes sexual solicitation or advance and conduct related to protected human-rights grounds. Violence means 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. The statutory exclusion is reasonable conduct of an employer or supervisor in respect of the management of workers or a work site. As a stricter internal standard, [Employer] also requires management action to be carried out fairly and respectfully.

Examples include discriminatory or sexual harassment, sexual violence, cyber-harassment, threats, abuse, hazing, stalking, intimidation, malicious rumour, isolation, work sabotage, hostile displays, quid pro quo conduct and family violence that enters the work site. The prohibited internal standard may be met even where the statutory test is not.

3. Responsibilities

The employer will, as far as reasonably practicable, ensure workers are not subjected to or participate in harassment or violence at the work site. It will assess hazards; consult the JHSC, representative or affected workers; implement controls; inform workers of the nature and extent of known hazards including specific/general threats; ensure every complaint and incident is investigated and documented by the person responsible under the statutory work-site allocation; preserve permitted confidentiality; train workers; provide assistance; review the plan on every legal trigger; and take reasonable precautions where it knows a worker is or is likely to be exposed to domestic violence at a work site. Under OHS Code s. 391.1's limited incorporation of OHS Act s. 33(6)(a)–(c), (7) and (8), the prime contractor performs the investigation/report duties at a work site with a prime contractor; where there is no prime contractor, the employer performs them.

Supervisors must protect workers, enforce this plan, respond to reports, summon help, preserve evidence, report to the designated recipient, monitor interim controls and prevent retaliation. Workers must refrain from violence/harassment, follow controls and training, promptly report incidents and hazards, cooperate honestly and respect privacy. The committee/representative participates in development, implementation and triggered reviews without receiving identifying case details unless legally necessary.

4. Workplace-specific hazard controls

The attached Schedule AB-1 records the work-site assessment, identified positions/activities, internal and external sources, existing controls, residual risk, responsible owner and completion date. It must address public/client contact, handling money/valuables, lone or remote work, late hours, travel, layoffs/discipline, service refusal/enforcement, health/behavioural needs, online platforms, intimate-partner risk, workplace layout/access, prior incidents and workforce vulnerability.

Controls may include staffing, physical barriers, visibility, lighting, access control, duress alarms, check-ins, cash limits, safe rooms/exits, communications, information-sharing about a specific or general threat to the minimum necessary extent, respectful-work design, workload/role clarity, de-escalation and third-party contract clauses.

Employers within the retail-fuelling and convenience/limited-general-goods retail scope in OHS Code s. 392.1 must implement every applicable prescribed control; this general plan is not a substitute. Under s. 392.2(1), the employer must develop and implement safe cash-handling procedures that minimize readily accessible cash, maintain good visibility into and out of the work site, limit public access inside buildings, monitor the work site by video surveillance, post public-facing video-surveillance signs, and provide each worker working alone with a personal emergency transmitter monitored by the employer or designate. Under s. 392.2(2), when the work site is open to the public between 11:00 p.m. and 5:00 a.m., it must have a time-lock safe that a worker cannot open during those hours, limit quantities of high-value items including cash and lottery tickets, secure the remaining high-value items, and post signs stating that the safe cannot be opened and high-value quantities are limited. Each worker working alone must wear the transmitter under s. 392.5. Under s. 392.6, fuel must be paid for before dispensing unless a Director approves procedures or equipment that ensure payment before dispensing.

5. Reporting and emergency response

In immediate danger, move to safety, call 911/local emergency services, use [alarm/security], seek first aid/medical help and notify [contact] when safe. Do not confront an aggressor. Report an incident or concern orally or in writing to [primary recipient]. If that person is involved or a conflict exists, report to [alternate recipient/independent external service]. A witness or third party may report. Anonymous reports are assessed, although anonymity may constrain findings.

A report should include names if known, dates/locations, exact words/actions, witnesses, impact, related records and immediate safety needs. A form is optional. Managers who observe or learn of possible harassment or violence must report it; an employer duty does not depend on the affected worker filing a formal complaint.

6. Response and interim protection

Enhanced control: acknowledge within 2 business days and begin the initial safety/conflict/medical/accommodation assessment immediately. Preserve video, access, email, chat and other time-sensitive evidence. Explain process, privacy limits, representation and external rights. Offer support without awaiting a finding.

Interim measures may include no-contact directions, schedule/reporting/location changes, paid leave, security planning, remote work or temporary reassignment. They are not findings or discipline, must be proportionate and reviewed every 30 days, and should avoid penalizing the reporting worker. Under OHS Code s. 391.2, a worker who reports an injury or adverse symptom resulting from workplace violence or harassment must be advised to consult a health professional of the worker's choice for treatment or referral. Treatment during regular working hours is treated in accordance with OHS Code s. 392.

7. Resolution and investigation

Informal resolution may be offered only when safe and voluntary. It is not a precondition to investigation, and mediation is not normally appropriate for violence, coercion, serious sexual conduct or a material power imbalance. Every incident of harassment or violence must be investigated. OHS Code s. 391.1 applies only OHS Act ss. 33(6)(a)–(c), 33(7), 33(8) and 36 to those incidents. At a work site with a prime contractor, the prime contractor performs the imported investigation/report duties; where there is no prime contractor, the employer does so. Withdrawal or a request for “confidentiality” does not eliminate the duty, though the affected person's views inform how the responsible investigator proceeds.

An impartial, competent investigator will receive written terms of reference; identify allegations and applicable policy tests; notify the parties; permit appropriate representation; interview separately; gather records; give the responding party particulars and an opportunity to answer; give each party a fair opportunity to address material conflicting evidence; assess reliability and credibility; and make findings on the balance of probabilities. The process will be trauma-informed but neutral. Enhanced target: complete within 90 calendar days unless complexity, availability, parallel proceedings or accommodation requires longer; document reasons and update the parties at least monthly.

The written investigation report will outline the circumstances, steps, evidence, findings and corrective action or recommendations sufficient to prevent recurrence. A restricted legal/disciplinary supplement may be created separately. The employer will retain the incident investigation report for at least 2 years, keep it readily available and provide it to Alberta OHS on request. Where an occurrence is also a reportable serious or potentially serious incident, statutory notice, report distribution and scene/evidence rules apply independently.

8. Outcome, corrective action and follow-up

The employer will inform the parties of the investigation results and corrective action to the extent required and permitted by law, without disclosing more personal or disciplinary detail than necessary. Corrective action may include direction, apology/restorative measures, training, coaching, monitoring, work redesign, security or contract controls, reassignment, discipline up to termination, removal of third-party access, reporting to a regulator or police, and repair of systemic hazards.

The designated recipient will assign owners/dates, verify completion, monitor reprisal and assess effectiveness at roughly 30, 90 and 180 days. An unsubstantiated report is not a false report. Knowingly fabricated material may be investigated separately.

9. Privacy, non-reprisal, records and external rights

Names and circumstances are disclosed only when necessary to investigate, take corrective action, inform parties of results/action, inform workers about a specific/general threat, or comply with law. Only the minimum necessary information is shared. Participants may consult a representative, adviser, health professional, support person, regulator or police; the confidentiality rule does not block protected reporting.

No person may retaliate, threaten, isolate, penalize, alter work adversely, interfere with evidence or bring a retaliatory complaint because someone reported, participated, sought help or exercised an OHS/human-rights right. Retaliation is separately investigated.

Case files are access-controlled and separate from routine personnel files. The employer retains the policy/consultation/training/review history for at least the life of the plan plus 7 years as an enhanced control, and incident reports for the statutory minimum of 2 years or longer where limitation, litigation-hold, privacy or other law requires.

This policy does not limit a complaint or report to Alberta OHS, the Alberta Human Rights Commission, police, Workers' Compensation Board, union/arbitration process, privacy regulator or a court/tribunal, or a worker's refusal or other statutory rights. The OHS Act uses the term disciplinary action and ordinarily requires a disciplinary-action complaint to an OHS officer within 180 days after the alleged action. Under s. 19(7), an officer must refuse a complaint by a worker who is bound by a collective agreement; the grievance/arbitration route and time limits should therefore be checked promptly.

10. Training and review

OHS Code s. 391 requires worker training in: (a) recognition of violence and harassment; (b) the violence and harassment prevention plan developed and implemented under s. 390(1), including when revisions are made; (c) the appropriate response to violence and harassment, including procedures for obtaining assistance; and (d) the procedures for reporting, investigating and documenting complaints and incidents. [Employer] adopts the enhanced control of completing this training before foreseeable exposure. Supervisors and recipients receive additional role-specific training in immediate response, domestic-violence safety, interim measures, privacy, procedural fairness and reprisal. Attendance, content, instructor and competency checks are recorded.

Review occurs after an incident indicates it is required, a work/work-site change affects risk, the JHSC or representative requests it, and at least every 3 years. The required workplace body or affected workers are consulted, necessary revisions are made, and affected people are retrained.

Alberta authoritative sources

- Alberta OHS Code, Part 27 — Violence and Harassment
- Alberta Occupational Health and Safety Act — Part 7, including ss. 33 and 36
- Alberta — Workplace violence and harassment
- Alberta OHS publication — Violence and harassment in the workplace (April 2025)

Operational schedules and forms

These schedules form part of this Alberta policy unless governing law requires a different process. They have been separated and specialized for this jurisdiction. A jurisdiction-specific rule overrides a generic target. Do not issue blank schedules as if they were completed controls.

Mandatory Alberta schedule preset

Record that OHS Code s. 391.1 imports only OHS Act ss. 33(6)(a)–(c), (7), (8) and 36; retain the incident investigation report at least 2 years; use the exact s. 391 training subjects.

Schedule A — Pre-issue implementation certificate

The accountable officer and implementation lead must initial each item and attach evidence.

Control	Evidence / location	Accountable person	Date complete
Correct jurisdiction and employment regime confirmed	[Legal analysis]	[ ]	[ ]
Sector-specific OHS, employment, professional and reporting rules checked	[Memo/checklist]	[ ]	[ ]
Required consultation or joint development with the workplace party identified in this policy completed	[Minutes/signatures/decision record]	[ ]	[ ]
Workplace-specific harassment and, where applicable, violence assessment completed	[Schedule B]	[ ]	[ ]
Primary and genuinely independent alternate recipients appointed, trained and conflict-screened	[Appointment/training]	[ ]	[ ]
Emergency, security, domestic/ family violence, first-aid and support procedures linked	[Links]	[ ]	[ ]
Collective agreements and representation rights reconciled	[Labour-relations review]	[ ]	[ ]
Privacy, monitoring, recording, access and retention rules reviewed	[Privacy review]	[ ]	[ ]
Disability, language, literacy, cultural and technology accessibility tested	[Accessibility test]	[ ]	[ ]
Third-party contracts, visitor/client rules and multi-employer coordination updated	[Clauses/protocol]	[ ]	[ ]
Policy signed, dated, posted/made available and version-controlled	[Copy/screenshots]	[ ]	[ ]
Workers and role-holders trained; competency checked	[Schedule I]	[ ]	[ ]

Control	Evidence / location	Accountable person	Date complete
Case system, evidence preservation, privilege protocol and reporting calendar live	[System test]	[ ]	[ ]
Review triggers and statutory reports entered in compliance calendar	[Calendar record]	[ ]	[ ]

Certification: We have not treated publication as implementation. Based on the attached evidence, the selected policy is customized, consulted on, communicated, trained and operational at the workplaces listed.
Senior officer: [Name/signature/date]
Implementation lead: [Name/signature/date]
Required workplace party acknowledgement: [Name/role/signature/date; acknowledgement is not a waiver of disagreement]

Schedule B — Workplace harassment and violence hazard assessment

Complete separately for each materially different workplace, work group or remote/camp setting. A check mark alone is not an assessment; document evidence, people consulted and control effectiveness.

B1. Assessment metadata

Field	Entry
Workplace / positions / activities	[ ]
Assessment date / review trigger	[ ]
Employer assessors	[ ]
Worker-side participants	[ ]
Information reviewed	[Anonymized occurrence data, surveys, inspections, absence/ turnover, exit themes, security records, sector experience]
Privacy safeguards	[How identities were excluded]

B2. Risk inventory and action plan

Rate likelihood and consequence using the employer's approved risk matrix. Psychological, sexual and discriminatory harm must not be discounted because no physical injury occurred.

Risk factor / scenario	Persons or roles exposed	Existing controls	Evidence control works	Likelihood	Consequence	Residual rating	Additional control, owner, due date
Leadership style, incivility, power imbalance or fear of reporting	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Workload, unclear roles, change, discipline, layoff or labour dispute	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Public, patient, student, client, customer, resident or family interaction	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Lone, remote, mobile, home, camp, travel or employer-lodging work	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Night work, cash/valuables, controlled goods, service refusal or enforcement	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Sexual harassment, gender-based violence or intimate-partner/family violence	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Protected-ground harassment, accommodation conflict or hate activity	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Young, new, temporary, migrant, precarious, disabled or otherwise vulnerable workers	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Email, chat, video, monitoring, AI, shared systems or social media	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]

Risk factor / scenario	Persons or roles exposed	Existing controls	Evidence control works	Likelihood	Consequence	Residual rating	Additional control, owner, due date
Third parties, multiple employers, contractors or unclear site control	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Small-community, language, cultural, family/ kinship or conflict-of-interest constraints	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Prior incidents, repeat locations/ persons, weak investigations or unimplemented recommendations	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]

B3. Control hierarchy and sign-off

For every high or critical risk, document why elimination is not reasonably practicable before relying only on policy or training. Consider elimination/substitution of the triggering activity; engineering/physical/digital controls; staffing/work-design/administrative controls; training/supervision; and emergency/support measures. Identify residual risk communicated to workers and the minimum necessary threat information.

Approved controls and funding: [ ]
Unresolved joint/consultation issues and governing resolution process: [ ]
Next review date or earlier triggers: [ ]
Signatures/decision record: [ ]

Schedule C — Report / notice of occurrence form

Use of this form is optional unless law requires particular information. Accept oral, accessible-language, representative-assisted and alternative-format reports.

C1. Reporter and people involved

- Reporter name/contact (optional for a witness where law permits anonymous notice): [ ]
- Person allegedly affected / preferred safe contact: [ ]
- Person(s) whose conduct is at issue / role / employer, if known: [ ]

- Witnesses or people with relevant information: [ ]
- Representative, interpreter, support or accommodation requested: [ ]
- Is any normal reporting recipient involved or conflicted? [Yes/no/details]

C2. Occurrence

- Date(s), time(s), physical/virtual location(s) and platform(s): [ ]
- Exact words, actions, displays, messages, gestures, contact or threats, in chronological order: [ ]
- Why the conduct was unwelcome or its health/safety/work impact: [ ]
- Related protected characteristic, sexual conduct, violence or domestic/family violence concern, if the reporter chooses to identify it: [ ]
- Was anyone told the conduct was unwelcome? [Optional; a “no” does not invalidate the report]
- Prior related occurrences/reports and response: [ ]

C3. Evidence, safety and outcome sought

- Emails, chats, images, audio/video, documents, access/security records, notes or other evidence and where preserved: [ ]
- Immediate or continuing danger; weapons; stalking; self-harm; medical/first-aid concern; contact with police/security: [ ]
- Reprisal, evidence-loss, conflict, privacy, housing/transport or immigration/precarity concern: [ ]
- Interim measure, support, accommodation or communication preference requested: [ ]
- Resolution preference, recognizing the employer may still have a duty to investigate/correct: [ ]

Accuracy: I believe the information is true and complete to the best of my knowledge. I understand the employer will share information only as necessary for safety, a fair process, corrective action or law and cannot promise absolute secrecy.
Signature / recorded oral confirmation / date: [ ]
Received by / date/time / channel / case number: [ ]

Schedule D — Recipient intake, safety and conflict checklist

Complete immediately and update whenever risk changes.

1. Jurisdiction and coverage: confirm governing law, workplace, worker status, former-worker rule and any sector-specific or collective-agreement process.
2. Emergency triage: imminent danger; medical/first aid; suicide/self-harm; sexual assault; child/vulnerable-person duty; weapon; stalking; domestic/family violence; police/security; serious-incident reporting; scene/evidence protection.
3. Conflict screen: recipient, investigator, decision-maker, counsel, representative, interpreter, senior leadership, family/community or reporting relationships. Record actual, potential and perceived conflicts and mitigation.

4. Acknowledgement: date due under law; actual date; policy/process/representation/external-right information provided; accessibility/language confirmed.
5. Evidence hold: identify custodians, platforms, auto-delete periods, CCTV/access retention, devices, notes, social media, work records and preservation owner. Preserve proportionately and lawfully; do not conduct overbroad surveillance.
6. Interim measures: risk addressed; party views considered; least prejudicial effective measure; pay/benefits/accommodation maintained; decision-maker/reasons; communication; 30-day review date.
7. Supports: EAP/medical/counselling/sexual-violence/community/culturally safe/union/legal/accommodation contacts offered without requiring a finding.
8. Process route: threshold review, required investigation, possible voluntary resolution, parallel criminal/regulatory/grievance process, privilege decision and statutory reporting.
9. Communications: safe channels, no-contact rules, status-update cadence, media/public-contact control where lawful, and no promise of exact discipline or absolute confidentiality.
10. Case plan: allegations/issues list, investigator/decision-maker, terms of reference, target dates, statutory deadline, review/report recipients and corrective-action owner.

Recipient signature/date: [ ]
Supervisor notification limited to need-to-know: [ ]
Next safety review: [ ]

Schedule E — Investigation terms of reference and mandatory protocol

E1. Appointment and independence

- Case number / appointing authority / governing policy and legislation: [ ]
- Investigator name, qualifications, role-specific legal/investigation training and secure contact: [ ]
- Written conflict declaration and continuing duty to disclose: [ ]
- Parties' input/selection process and any regulator order: [ ]
- Investigator decides facts and policy breach unless law/terms assign otherwise; employer decides discipline/corrective action.
- Legal privilege, if legitimately claimed, must be defined at the outset and not used to conceal a statutory report that must be disclosed.

E2. Allegations and scope

List each allegation separately: who; what; when/where; policy/statutory test; and whether retaliation, systemic failure, violence or protected-ground harassment is included. Scope changes require written reasons and notice sufficient for fairness. The investigator does not decide unrelated performance or credibility issues merely because they arise.

E3. Fair procedure

The investigator will:

1. provide each party a plain-language process explanation, allegations and a meaningful opportunity to participate;
2. arrange disability, trauma, language, cultural, scheduling and technology accommodations without compromising neutrality;
3. permit an appropriate union/other representative or support person, subject to non-interference and confidentiality;
4. interview separately, ask open and testing questions, obtain names/sources, and allow corrections to interview summaries;
5. collect relevant proportionate evidence and maintain an evidence log with source, date, authenticity and access history;
6. give the responding party sufficient particulars and a fair opportunity to answer;
7. put material adverse or contradictory evidence to the affected party before relying on it, while protecting safety and nonessential identity information;
8. assess relevance, reliability, consistency, plausibility, contemporaneous records, motive to misstate and corroboration without relying on myths about trauma, delayed reporting, disability, culture or demeanor;
9. apply the balance of probabilities unless governing law requires otherwise, decide each allegation separately and distinguish “not substantiated” from “false”; and
10. report facts, reasoning and recommendations within the governing deadline or documented enhanced target, with regular status updates.

No participant may secretly record an interview. The investigator may authorize recording with informed agreement, security controls and a retention plan. The employer will not require broad access to personal devices/accounts without lawful necessity and proportionality.

E4. Report structure

1. mandate, independence and legal/policy framework;
2. allegations and applicable tests;
3. procedure, participants, accommodation and limitations;
4. evidence considered and not obtained;
5. undisputed/material facts;
6. credibility and reliability analysis tied to evidence;
7. finding and reasons for each allegation;
8. retaliation, systemic risk and immediate safety findings;
9. corrective/preventive recommendations, owners or priorities where within mandate; and
10. appendices/evidence index, with redaction/version controls.

Target date / statutory final date / update cadence: [ ]
Required report copies and outcome notices: [ ]

Schedule F — Investigation quality and credibility worksheet

Do not use numerical scoring as a substitute for reasoning.

Issue	Complainant evidence	Respondent evidence	Other evidence	Reliability/credibility analysis	Finding and reason
Allegation 1	[ ]	[ ]	[ ]	[ ]	[ ]
Allegation 2	[ ]	[ ]	[ ]	[ ]	[ ]
Retaliation	[ ]	[ ]	[ ]	[ ]	[ ]
System/control failure	[ ]	[ ]	[ ]	[ ]	[ ]

Quality checks:

- Were material contradictions put to the person affected?
- Were messages/records assessed in full context and authenticated sufficiently?
- Were trauma, disability, language, culture and power considered without stereotyping?
- Was demeanor given little or no weight unless specifically reliable and explained?
- Was each conclusion tied to evidence and the correct policy/legal definition at the time?
- Were intent and impact treated according to the applicable test?
- Were management-action exclusions examined for reasonableness, good faith and method?
- Were broader internal conduct standards kept distinct from statutory findings?
- Were exculpatory evidence and investigation limitations addressed?

Schedule G — Outcome notice templates

Adapt to the jurisdiction. Never use this template to disclose less than an express statutory outcome requirement.

G1. Notice to complainant / principal / allegedly affected worker

Private and confidential — Case [ ]
We investigated the report received on [date] concerning [brief neutral description]. The investigation was conducted by [role/name where appropriate] under [policy/law]. You had an opportunity to provide information and respond to material issues.

Result for each allegation: [substantiated / substantiated in part / not substantiated / unable to determine, only if policy/law permits, with the specific result description the jurisdiction requires]. [Concise reasons or findings summary required for a meaningful result notice, without unnecessary personal information.]

Corrective or preventive action taken or to be taken that may be disclosed: [specific measures relevant to the result; do not promise or reveal confidential discipline beyond what law requires]. The employer will monitor completion and retaliation. Report any concern to [channel]. Available supports/accommodations are [ ]. This notice does not restrict external legal rights listed in the policy.

G2. Notice to respondent / alleged harasser

Private and confidential — Case [ ]
Result for each allegation: [ ]. Corrective expectations/actions applicable to you: [ ]. Any discipline is communicated in a separate employment letter where appropriate. Retaliation, contact contrary to interim/final directions, and interference are prohibited. Questions about compliance go to [ ]. This notice does not restrict representation or legal rights.

G3. Closure acknowledgement

Control	Entry
Statutory recipients and method/date	[ ]
Full report distribution authority	[ ]
Redactions/minimum-necessary review	[ ]
Corrective action tracker opened	[ ]
Interim measures continued/varied/ended with reasons	[ ]
30/90/180-day follow-ups scheduled	[ ]
Records classified and disposition date/legal hold	[ ]

G4. Fixed reporting and outcome calendar

Jurisdiction / authority	Calendar control
Alberta	Enter this policy's actual statutory or adopted timing; a blank or the generic 90-day target is not a legal determination.

Schedule H — Corrective action and effectiveness tracker

Finding / hazard	Immediate action	Systemic corrective action	Owner	Due date	Completion evidence	Worker-side consultation required/ completed	Effectiveness measure / 30-90-180 day result	Residual risk / escalation
[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]

Corrective action must address both individual conduct and enabling conditions. Possible indicators include repeat reports, affected-area climate, control use, training comprehension, turnover/absence themes, security events and completion audits. Do not measure success by “zero complaints” alone; under-reporting can produce that number.

Schedule I — Training standard and record

I1. Minimum curriculum

All-person training is workplace-specific and covers:

1. policy commitment, legal/internal definitions and reasonable-management boundary;
2. discriminatory, sexual, gender-based, personal, third-party and virtual harassment examples;
3. violence/domestic-family-violence overlap and emergency assistance;
4. workplace-specific hazards and controls;
5. reporting, alternate/independent channels, anonymous information and evidence preservation;
6. what happens after a report, interim measures, representation, investigation and outcomes;
7. confidentiality limits, lawful support/external reporting and prohibition on reprisal;
8. bystander options that do not require unsafe intervention;
9. accommodation, language, cultural and trauma-informed access; and
10. scenario practice and a documented comprehension check.

Supervisors/recipients receive additional training on duty to act without a formal complaint, emergency triage, domestic violence, conflict screening, intake, no promise of secrecy, neutral interim measures, evidence holds, procedural fairness, outcome communications, corrective action and record/reporting duties. Investigators meet the law-specific qualification rules.

I1A. Mandatory Alberta training override

- Alberta: cover (a) recognition of violence and harassment; (b) the prevention plan developed and implemented under s. 390(1), including when revisions are made; (c) the appropriate response, including procedures for obtaining assistance; and (d) procedures for reporting, investigating and documenting complaints and incidents under OHS Code s. 391. “Before foreseeable exposure” is [Employer]'s enhanced timing control, not statutory wording.

I2. Record

Learner / role	Course/version and jurisdiction	Date / duration / delivery	Instructor/ qualification	Completion	Competency result / remediation	Next due date
[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]

Schedule J — Policy and program review record

Review element	Evidence considered	Finding	Revision/action	Owner/due date
Legal and regulator change since last review	[ ]	[ ]	[ ]	[ ]
Required consultation/joint development completed	[ ]	[ ]	[ ]	[ ]
Policy available, accessible and correct version posted	[ ]	[ ]	[ ]	[ ]
Recipients independent, trained and adequately resourced	[ ]	[ ]	[ ]	[ ]
Assessment and controls current/effective	[ ]	[ ]	[ ]	[ ]
Occurrence themes, repeat areas, time to acknowledge/ close	[ ]	[ ]	[ ]	[ ]
Interim measures fair and reviewed	[ ]	[ ]	[ ]	[ ]
Investigation quality and outcome notices compliant	[ ]	[ ]	[ ]	[ ]
Corrective actions implemented/effective	[ ]	[ ]	[ ]	[ ]
Reprisal, support and accommodation outcomes	[ ]	[ ]	[ ]	[ ]
Training coverage and comprehension	[ ]	[ ]	[ ]	[ ]

Review element	Evidence considered	Finding	Revision/action	Owner/due date
Records, retention, privacy, statutory reporting	[ ]	[ ]	[ ]	[ ]
Remote/virtual, third-party and domestic-violence risks	[ ]	[ ]	[ ]	[ ]

Review trigger / legal deadline: [ ]
Participants and disagreements: [ ]
Approval / communication / retraining dates: [ ]
Next scheduled and event-triggered review rules: [ ]

Schedule K — Case record index and access protocol

Record category	Custodian/system	Access roles	Legal basis/purpose	Minimum retention / disposition	Hold or disclosure restriction
Original report / oral intake confirmation	[ ]	[ ]	[ ]	[Jurisdiction rule/ enhanced period]	[ ]
Safety/conflict/interim decisions	[ ]	[ ]	[ ]	[ ]	[ ]
Evidence and interview records	[ ]	[ ]	[ ]	[ ]	[ ]
Investigator report / versions	[ ]	[ ]	[ ]	[ ]	[ ]
Outcome notices	[ ]	[ ]	[ ]	[ ]	[ ]
Corrective-action evidence	[ ]	[ ]	[ ]	[ ]	[ ]
Training/consultation/ review	[ ]	[ ]	[ ]	[ ]	[ ]
Statutory reports	[ ]	[ ]	[ ]	[ ]	[ ]

Access is not granted merely because a person is a supervisor or executive. Every access/export is need-to-know, logged where practical, securely transmitted and limited to the minimum necessary. A privacy request, grievance, litigation hold, regulator order, police request or legal disclosure is routed to [privacy/legal lead]; no routine deletion occurs while a valid hold applies.

K1. Minimum Alberta retention preset

Jurisdiction / record	Minimum used in this template
Alberta — incident investigation report	At least 2 years under OHS Act s. 33(7), as applied by OHS Code s. 391.1.

Do not destroy records merely because a listed minimum expires. Apply the authorized disposition schedule, privacy minimization requirements and any litigation, grievance, regulator, workers' compensation or preservation hold.

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