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Workplace Harassment and Violence Prevention Policy Template — Federally Regulated Workplaces

Federal • Canada

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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.

Workplace Harassment and Violence Prevention Policy

1. Document control and joint development

Field	Required entry
Employer	[Full legal name]
Work places covered	[List / attach schedule]
Applicable partner	[Policy committee / workplace committee / H&S representative]
Designated recipient	[Independent function, name/title, secure email, phone, address]
Conflict/absence contact within the designated-recipient function	[Independent alternate name/title/secure channels]
Required recipient where employer is principal or responding party	The designated recipient above
Person designated to receive a Code s. 127.1(1) complaint	[Name/title/contact; may be different from designated recipient]
Senior accountable officer	[Name/title]
Support services	[EAP, crisis, medical, union, community, culturally appropriate and accessibility supports]
Effective date / version	[Date / version]
Scheduled review	[No later than 3 years; insert date]
Joint approval record	[Date, minutes, signatures or documented decision process]

This policy was jointly developed by [Employer] and its applicable partner under the Canada Labour Code and the Work Place Harassment and Violence Prevention Regulations (“Federal Regulations”). If they cannot agree on a matter required to be done jointly, the employer's decision prevails under s. 2. Labour Program IPG-104 states, as regulator guidance, that the employer must reasonably attempt to agree before the employer relies on that rule. The employer must record its decision and reasons as required by s. 35(1)(d).

2. Mission and commitment

[Employer] will prevent and protect against harassment and violence, respond without delay, support affected employees, preserve privacy to the extent permitted by law, and correct hazards revealed by a notice of occurrence. Every employee is entitled to a work place that is safe, respectful and free from harassment and violence. No executive, manager, client, customer, contractor, supplier or other person is exempt.

3. Scope

This policy applies to former and current employees to the extent provided by federal law, managers, executives, directors, contractors, volunteers, interns and third parties interacting with employees. It covers conduct arising out of, linked with or occurring in the course of employment, including physical and virtual work places, employer-controlled accommodation, travel, vehicles, conferences, training, client sites, work-related social activity, phone, email, messaging, collaboration platforms and social media with a material employment connection.

The policy governs occurrences between employees and occurrences involving third parties. Criminal acts, family or intimate-partner violence entering the work place, discriminatory harassment, sexual harassment and sexual violence can also fall within it.

4. Definitions

Harassment and violence has the meaning in the Canada Labour Code: any action, conduct or comment, including of a sexual nature, that can reasonably be expected to cause offence, humiliation or other physical or psychological injury or illness to an employee, including any prescribed action, conduct or comment. The internal standard also prohibits attempted conduct and conduct creating a poisoned or hostile environment.

Principal party means an employee or employer who is the object of an occurrence. Responding party means the person alleged to have been responsible. Witness means a person who witnessed an occurrence or was informed of it by the principal party or responding party. Notice of occurrence means an oral or written notice containing the information required by the Federal Regulations. Applicable partner, designated recipient and work place have their statutory meanings. Conciliation is the voluntary process available under s. 24, and investigator qualifications are prescribed by s. 28.

Harassment and violence may include bullying; abuse; threats; coercion; humiliation; intimidation; stalking; doxxing; malicious gossip; hazing; work sabotage; repeated exclusion; offensive images; discriminatory slurs; unwelcome sexual or gender-based comments, contact, advances or requests; sexualized digital conduct; a benefit tied to sexual cooperation; reprisal for rejecting sexual conduct; or misuse of authority. A single serious act may qualify. Intent is not required.

Reasonable management action—such as good-faith direction, allocation of work, performance management, attendance management, investigation, discipline or organizational change—is not harassment when carried out lawfully and respectfully. Management authority does not protect abuse, discrimination, retaliation or a humiliating method.

5. Roles

The employer provides resources; jointly assesses risk and develops required measures; makes this policy available; establishes emergency procedures; identifies support services; delivers statutory training; receives and resolves notices; implements investigator recommendations jointly determined appropriate; records and reports as required; and prevents reprisal.

The policy committee, where one exists, is the applicable partner for the jointly developed policy, regular assessment work, emergency procedures, training selection/development and other joint matters assigned to it. The work place committee or, where applicable, the health and safety representative performs those applicable-partner functions where there is no policy committee and also performs the occurrence-triggered assessment review under s. 6 and jointly selects investigator recommendations for implementation under s. 31. These bodies do not receive identifying information beyond what law permits.

The designated recipient is trained before assuming duties, uses a secure case system, makes the legally required 7-day contacts, explains every resolution option and representation right, makes reasonable efforts to resolve matters, provides the full monthly status updates required by s. 34 from the applicable start point through completion, screens conflicts and preserves required records.

Managers and supervisors model compliant behaviour; act on known risks without waiting for a formal notice; address emergencies; preserve evidence; report to the designated recipient; avoid promising absolute confidentiality; implement interim controls; and never investigate a matter in which they lack impartiality or competence.

Employees refrain from prohibited conduct, complete training, follow emergency and prevention measures, report hazards and occurrences, cooperate honestly, preserve relevant evidence, respect privacy and refrain from reprisal. A witness may submit a notice anonymously. However, after the mandatory initial review, an occurrence is deemed resolved under s. 19(2) if the notice does not name or otherwise permit identification of the principal party.

6. Joint work place assessment and prevention

The employer and applicable partner will jointly identify internal and external risk factors, including work culture, activities, conditions, design, staffing, hours, isolation, travel, public interaction, client behaviour, power imbalance, workforce diversity, prohibited-ground harassment, sexual violence, family violence, digital systems, prior occurrences and measures that may create new risk. Within 6 months after risk factors are identified, they will jointly develop feasible preventive measures that mitigate and do not create/increase risk, develop an implementation plan and implement the measures. They will monitor accuracy/effectiveness and will reassess:

- at least every 3 years;
- whenever an update is necessary to reflect a change in the assessment information, including a change to a risk factor or one that compromises a preventive measure;
- when a principal party ends the resolution process after an occurrence is not resolved by negotiated resolution;
- when the responding party is not an employee or the employer; and
- on any other trigger required by the Federal Regulations.

The 3-year monitoring/review and prevention work is done with the applicable partner. An occurrence-triggered review under s. 6 is done with the work place committee or H&S representative, not the policy committee. Information used for a joint review must not reveal a person's identity unless disclosure is permitted. If the joint actors cannot agree, the employer's decision prevails under s. 2 and the decision and reasons are recorded; consistent with Labour Program IPG-104, the employer must first reasonably attempt to agree. Controls use the hierarchy of elimination, engineering/ technology, administrative measures and training, adapted to psychological safety.

7. Emergency procedures and immediate assistance

The jointly developed emergency procedures at [link/location] apply when an occurrence poses an immediate danger or threat. Anyone facing imminent harm should move to safety, call 911 or local emergency services where available, use [alarm/security procedure], obtain first aid or medical care, and notify [emergency workplace contact] when safe. No person is expected to confront an aggressor. The employer will review and update emergency procedures after an occurrence demonstrates a deficiency.

8. How to give notice

A principal party or witness may notify the designated recipient or the employer orally or in writing. If the employer is either the principal party or responding party, notice must be given to the designated recipient. Use of a form is encouraged but not required. Notice must identify the principal party and responding party, if known; the date; and a detailed description. A witness may give notice without identifying themself. The recipient will document an oral notice and ask the notifier to confirm accuracy.

The recipient will also apply the narrow s. 15(2) exception: a notice must not be provided under this process only where all three regulatory conditions are met—the responding party is neither the employer nor an employee, exposure is a normal condition of the principal party's work, and the employer has measures in place to address that harassment and violence. The employer will still assess its controls and any other legal or internal response.

Secure channels: [email], [phone], [secure portal], [mail/in person]. Enhanced conflict control: the employer will structure and document the designated-recipient function so a notice never has to be delivered to the individual whose conduct is at issue; if a named contact is involved, absent or conflicted, the independent alternate listed in section 1 will receive it as part of that function. A notice is not invalid because it lacks legal labels, exact dates or perfect detail. The recipient will request what is needed. There is no regulatory notice deadline for a current employee. For former-employee coverage, the occurrence must generally become known to the employer within 3 months after employment ends; the Head of Compliance and Enforcement may extend that period where trauma or a health condition prevented timely notice. A former employee's related Code s. 127.1(1) complaint is subject to the later-of periods in Federal Regulations s. 4.

9. Initial response, representation and protection

Within 7 days after notice, the employer or designated recipient will contact the principal party to confirm receipt or that they were identified, and explain how to access this policy, every resolution step and the right to representation. Within the same 7-day period, it will contact any non-anonymous witness who gave the notice to confirm receipt. On first contact with the responding party, it will give the information required by s. 22. It will also assess emergency, medical, disability/accommodation, cultural, language, accessibility, reprisal, evidence-preservation and conflict-of-interest needs.

Enhanced control: within 2 business days where practicable, the recipient will make first contact, establish a safety plan and document interim measures. Measures may include reporting-line changes, schedule/location changes, no-contact directions, remote work, leave with pay, security controls or temporary reassignment. They are non-disciplinary, proportionate, reviewed at least every 30 days, and should not burden the principal party unless requested or unavoidable for safety.

The employer/designated recipient, principal party and contacted responding party must make every reasonable effort to resolve the occurrence, and those efforts must begin no later than 45 days after notice, as required by the Federal Regulations. This is a start deadline, not a representation that resolution must occur within 45 days.

10. Resolution process

Initial and early review. Every notice receives the initial review required by s. 19. If the notice does not name or otherwise permit identification of the principal party, the occurrence is deemed resolved under s. 19(2). Otherwise, the principal party and employer/designated recipient review whether the notice describes an occurrence within the Code definition. This is a threshold review, not a credibility finding. A determination that the notice does not describe harassment and violence resolves the occurrence under s. 23(3) only when made jointly by the principal party and employer/designated recipient.

Negotiated resolution. The parties may explore documented, trauma-informed measures. Direct confrontation is never required. A principal party may end negotiated resolution and request investigation as permitted by law.

Conciliation. Conciliation occurs only if the principal and responding parties agree to it and agree on the facilitator. It is not used where voluntariness, safety or power imbalance cannot be adequately protected. A settlement cannot contract out of statutory rights or prevent legally required hazard correction.

Investigation. If the occurrence is not resolved and the principal party requests an investigation, the employer/recipient initiates one. Negotiated resolution may continue during the investigation if the principal party agrees.

11. Investigator and investigation rules

The investigator will be selected in accordance with the Federal Regulations. If the employer and applicable partner have jointly developed or identified an investigator list, a person is selected from it. Otherwise, the employer/designated recipient, principal party and responding party may agree on a person; if there is no agreement within 60 days after investigation notice, a person is selected from those identified by the Canadian Centre for Occupational Health and Safety. The investigator must have the prescribed training, knowledge and experience; know the Code, Canadian Human Rights Act and other relevant law; be trained in investigative techniques; and provide the required written no-conflict statement.

The employer/designated recipient will provide the investigator all information relevant to the investigation, subject to secure handling and the statutory purpose. The investigator will use written terms of reference, notify the parties, provide a meaningful opportunity to be heard and respond, permit an appropriate representative/support person, interview relevant witnesses, test credibility using neutral factors, preserve an evidence index and reach evidence-based conclusions. No party may record an interview without express authorization.

The investigator's report must not reveal identities and will set out a general description, conclusions (including contributing workplace circumstances) and recommendations to eliminate or minimize similar risk. It is not a disciplinary report. The employer will provide the report to the principal party, responding party, work place committee or H&S representative and, where that recipient received the notice, the designated recipient. The employer and the work place committee or H&S representative—not the policy committee—will jointly determine which recommendations to implement, and the employer will implement all recommendations so determined. If they cannot agree, the s. 2 rule applies only after every reasonable effort to agree, as described in Labour Program IPG-104, and the employer records its decision and reasons. Separate privileged or disciplinary advice may be obtained without compromising the statutory report.

The resolution process must be completed within one year after notice, subject to the special temporary-absence timing rule in s. 33(2). For every occurrence, the employer or designated recipient gives monthly status updates to the principal party beginning in the first month after the month of notice and ending in the completion month. The responding party receives monthly updates beginning in the first month after the month in which the responding party was first contacted and ending in the completion month. Updates continue through gaps such as investigator selection, assessment review, reporting and recommendation implementation.

12. Closure, correction and follow-up

A matter is completed only when the conditions in s. 32 are satisfied, including any required assessment review/update and implementation of jointly selected recommendations. The employer will document controls, owners and due dates; implement the required recommendations; monitor retaliation; and check effectiveness at approximately 30, 90 and 180 days without requiring the principal party to relive the occurrence.

Employment discipline is separate, confidential and proportionate, up to termination. Contractors and visitors may face removal, contract remedies or access restrictions. An unsupported allegation is not misconduct. Deliberately fabricated evidence or a knowingly false complaint may be addressed after a separate fair process; inability to prove an allegation is not bad faith.

13. Privacy and records

Information is shared only as necessary to resolve an occurrence, protect health and safety, take corrective action, administer law or obtain advice. Participants must not discuss case information except with an authorized representative, support person, health provider, adviser, investigator, regulator or as legally protected. This clause does not silence lawful reporting or access to support.

The employer will keep every record required by s. 35, including the policy; assessment and review/update documents; joint-disagreement decisions/reasons; each notice and action taken; delay records; investigator reports; annual reports; and fatality reports. The statutory 10-year minimum applies to s. 35(1)(c)–(i); the policy and original assessment documents in paragraphs (a)–(b) are maintained as current controlled records and retained longer where another legal/operational need applies. Access is role-based; case records are kept outside routine personnel files, while final discipline may be placed in the appropriate employment file.

On or before March 1, the employer submits the prescribed annual report to the Head of Compliance and Enforcement, including the prior-year totals and breakdowns for sexual/non-sexual occurrences, fatalities, known Canadian Human Rights Act grounds, locations, professional relationships, completion methods and average completion time. The Labour Program requires the annual EAHVOR filing even where there were no occurrences. A fatality resulting from an occurrence is reported to the Head of Compliance and Enforcement within 24 hours after the employer becomes aware of the death.

14. Training, supports and review

Training is workplace-specific and covers the policy, the relationship between harassment/violence and Canadian Human Rights Act grounds, recognition, prevention, response, reporting and role-specific duties. Employees receive training within 3 months after employment begins and at least every 3 years, plus after required training updates or assignment to a new activity or role with increased/specific risk. The designated recipient is trained before assuming duties and at least every 3 years thereafter. The employer had to complete its initial training within one year after the Federal Regulations came into force and repeats it at least every 3 years. Training is jointly developed or selected and jointly reviewed at least every 3 years and after any change to an element.

The employer provides information about medical, psychological, culturally safe, Indigenous, disability, gender-based violence, legal, union and community supports at [location]. Supports are offered without requiring a finding.

This policy is jointly reviewed at least every 3 years and after any change to a jointly developed element that requires review. Reviews consider occurrence data without identifiers, timeliness, repeat hazards, training effectiveness, accessibility, third-party risk, investigator recommendations and legal change.

15. No reprisal and other rights

Reprisal, intimidation, threats, penalty, adverse scheduling, ostracism, witness interference and retaliatory complaints are prohibited. Concerns are reported through any policy channel and investigated separately. This policy does not restrict a complaint to the Labour Program, Canadian Human Rights Commission, police, workers' compensation authority, privacy regulator, union grievance process or any court/tribunal, nor any Code right, refusal right, collective-agreement right or duty to report.

Federal authoritative sources

- Canada Labour Code, Part II — s. 122 definitions
- Work Place Harassment and Violence Prevention Regulations — full current text
- Employment and Social Development Canada — Requirements for employers to prevent harassment and violence
- Labour Program IPG-104 — Work Place Harassment and Violence Prevention
- Canadian Human Rights Commission — Preventing and addressing workplace harassment and violence

Operational schedules and forms

These schedules form part of this Federal 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 Federal schedule preset

Apply the 7-day receipt/contact rules, the 45-day deadline to begin reasonable resolution efforts, monthly status updates through the completion month, one-year completion rule, March 1 annual report, 24-hour fatality report, prescribed training cycles and s. 35 record rules.

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]	[ ]	[ ]

Control	Evidence / location	Accountable person	Date complete
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]	[ ]	[ ]
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	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]

Risk factor / scenario	Persons or roles exposed	Existing controls	Evidence control works	Likelihood	Consequence	Residual rating	Additional control, owner, due date
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	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
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: [ ]

D1. Federal receipt/contact override

- Principal party: employer/designated recipient contact, confirmation of receipt and required process information within 7 days after notice.
- Identified witness who gives a non-anonymous notice: confirmation of receipt within 7 days after the notice; the employer/designated recipient then contacts the principal party as the Regulations require.
- Anonymous notice: document whether the principal party can be identified. If the principal party cannot be identified, record the s. 19 deemed-resolution disposition rather than inventing an investigation deadline.
- Responding party: record the first contact date, because that date starts that party's monthly-update cycle.
- Resolution efforts: calendar the s. 23(1) deadline and ensure every reasonable effort to resolve begins no later than 45 days after notice. This is a deadline to begin the efforts, not to finish the resolution process.

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: [ ]

E5. Federal status-update control

For every federal occurrence, calendar the 45-day deadline in s. 23(1) to begin every reasonable effort to resolve. Calendar monthly status updates to the principal party beginning in the first month after the month of notice and ending in the completion month. Calendar responding-party updates beginning in the first month after the month in which the responding party was first contacted and ending in the completion month. Do not stop updates during investigator selection, assessment review, report preparation, decision-making or recommendation implementation. Also calendar the one-year completion rule and any temporary-absence adjustment under s. 33.

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

Jurisdiction / authority	Calendar control
Federal Regulations	Begin every reasonable effort to resolve no later than 45 days after notice; provide monthly party updates through completion; file the annual EAHVOR report with the Head of Compliance and Enforcement on or before March 1 even if nil; report a fatality resulting from an occurrence to the Head of Compliance and Enforcement within 24 hours after the employer becomes aware.

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 Federal training override

- Federal: training must be workplace-specific and cover the policy, the relationship between harassment/violence and prohibited grounds under the Canadian Human Rights Act, recognition, prevention, response, reporting and role-specific duties. Employees train within 3 months after employment begins and at least every 3 years, plus after a required update or assignment to an activity/role with increased or specific risk. The designated recipient trains before assuming duties and at least every 3 years. The employer's own training must be documented. The employer and applicable partner must jointly develop or identify the training and jointly review and, if necessary, update it at least every 3 years and after any change to an element.

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	[ ]	[ ]	[ ]	[ ]

Review element	Evidence considered	Finding	Revision/action	Owner/due date
Interim measures fair and reviewed	[ ]	[ ]	[ ]	[ ]
Investigation quality and outcome notices compliant	[ ]	[ ]	[ ]	[ ]
Corrective actions implemented/effective	[ ]	[ ]	[ ]	[ ]
Reprisal, support and accommodation outcomes	[ ]	[ ]	[ ]	[ ]
Training coverage and comprehension	[ ]	[ ]	[ ]	[ ]
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	[ ]	[ ]	[ ]	[ ]	[ ]

Record category	Custodian/system	Access roles	Legal basis/purpose	Minimum retention / disposition	Hold or disclosure restriction
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 Federal retention preset

Jurisdiction / record	Minimum used in this template
Federal — records in s. 35(1)(c)–(i)	10 years. The current policy and original assessment documents in paragraphs (a)–(b) remain controlled records; do not mislabel every federal record as subject to the same 10-year clause.

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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