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Workplace Harassment Prevention Policy Template — Nova Scotia

Nova Scotia • 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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Workplace Harassment Prevention Policy Template — Nova Scotia

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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 Prevention Policy

1. Policy record

Field	Required entry
Employer / workplaces	[Legal name / sites]
Responsible person	[Name/title]
Primary / alternate reporting routes	[Secure details]
Consulted party	[Committee or H&S representative, if any, under WHS Regulations s. 1.9; record/date]
Effective date	[Date]
Employee training completion	[Date/record]
Next mandatory review	[No later than 3 years; insert date]

2. Required statements and scope

Every employee has the right to work free from workplace harassment. [Employer] will, so far as reasonably practicable, ensure employees are not subjected to it. Employees must not harass. Reporting is encouraged and protected; each complaint will be investigated; persons under the employer's direction who harass will face corrective action; good-faith reporting or participation will not attract reprimand or reprisal; and this policy does not discourage any other legal right.

It applies to employees, supervisors, managers, owners, directors, contractors, volunteers and work-related third parties. It covers conduct at the workplace and connected remote work, travel, training, employer events/lodging, client locations, vehicles and digital communications.

3. Definition and examples

Under Part 27 of the Workplace Health and Safety Regulations, workplace harassment is a single significant occurrence or repeated occurrences of objectionable or unwelcome conduct, comment or action in the workplace, including bullying, that, intended or not, degrades, intimidates or threatens. It includes conduct based on any personal characteristic, including a ground protected by the Human Rights Act, and inappropriate sexual conduct. It excludes action by an employer or supervisor relating to management and direction. The current regulatory wording controls.

Examples include abuse, threat, humiliation, slur, discriminatory joke/image, malicious rumour, cyber-harassment, hazing, stalking, work sabotage, repeated exclusion, unwanted sexual comment/contact/advance, sexual image or gesture, sexual benefit/reprisal and poisoned-environment conduct. Reasonable good-faith scheduling, assignment, performance management, investigation, discipline or reorganization is not harassment; degrading, discriminatory, retaliatory or abusive delivery may be.

4. Prevention and duties

Under WHS Regulations s. 1.9, the employer must consult the committee or representative, if any, when establishing or reviewing this policy. The 20-or-more JOHSC and 5-to-19 representative thresholds described in the OHS Division guide reflect the Act's workplace-party framework; they are not additional wording in s. 1.9. The employer provides resources, trains every employee, maintains reporting alternatives, investigates all complaints, protects confidentiality, corrects and follows up, and reviews at the required interval. This policy includes procedures to recognize, prevent and respond to workplace harassment: recognize using the definition/examples and training in §§3 and 7; prevent using the assessment and controls in this section; and respond using §§5–7. Supervisors model respectful conduct, intervene, receive/escalate reports, protect safety/evidence, implement interim measures and prevent reprisal. Employees refrain, report experienced/observed conduct, cooperate honestly and respect privacy.

At least during the 3-year review and after a material incident/change (annually as an enhanced control), the employer evaluates prior concerns, culture, staffing/workload, public/client interaction, lone/remote work, digital systems, power imbalance, vulnerable workers and third-party risk. Controls may include role clarity, respectful-leadership standards, staffing, access/security, client/contract terms, platform controls and early conflict support.

The separate Violence in the Workplace Regulations, N.S. Reg. 209/2007, require a violence-risk assessment at every workplace covered by those Regulations. A written violence-prevention plan is required where the assessment identifies a significant risk of violence or an officer orders one. The assessment and, where required, the prevention plan must each be reviewed at least every 5 years and on any earlier regulatory trigger. [Violence plan location, if required] applies concurrently. Immediate danger: move to safety, call 911/local emergency services, use [security] and obtain first aid/ medical help.

5. Reporting procedure

Report orally or in writing to [employer/supervisor recipient]. If that person is the subject or conflicted, report to [alternate independent recipient]. A witness or representative may report. Supervisors must escalate knowledge. No confrontation, form or prior informal step is required.

Provide names, specific conduct/words, dates/locations/frequency, witnesses, records, impact and immediate needs if known. Late, incomplete or anonymous information is assessed fairly. The recipient acknowledges promptly (enhanced target: 2 business days), screens safety/violence, reprisal, conflict, accommodation and evidence risk, explains process/ privacy/representation/external rights, preserves records and offers support.

Interim measures may include no-contact, reporting/schedule/location change, security, remote work, paid leave or reassignment. They are not findings, are proportionate, reviewed every 30 days and should not penalize the reporting employee.

6. Investigation and resolution

Each complaint is investigated. Voluntary informal resolution may be used only when safe and suitable; it is not a required first step and is generally inappropriate for violence, serious sexual/discriminatory conduct, retaliation, coercion or significant power imbalance.

An impartial, competent investigator uses written terms; identifies allegations and policy tests; notifies parties; permits appropriate representation/support; interviews separately; obtains relevant records; provides adequate particulars and response opportunity; gives a fair chance to address material conflicts; assesses credibility neutrally; and decides on the balance of probabilities. Enhanced target: 90 calendar days, with documented reasons and monthly updates if longer.

The report states mandate, process, material facts, findings, reasoning and recommendations. The complainant and alleged harasser receive a written notice of results and corrective action relevant to them, consistent with the policy's prescribed procedures and privacy. Exact discipline and the full report are not automatically disclosed.

Corrective action may include direction, education, coaching, monitoring, voluntary restorative steps, accommodation, work redesign, security/contract action, reassignment, discipline up to termination or third-party exclusion. Actions have owners/dates; effectiveness and reprisal are checked at roughly 30, 90 and 180 days.

7. Confidentiality, good faith, records, training and review

Names/circumstances are disclosed only where necessary to investigate, take corrective action or comply with law. This does not prevent protected external reporting or confidential support, representation, health or legal advice. The required statutory commitment is that an employee who makes a workplace-harassment complaint in good faith will not be reprimanded or subjected to reprisal. As a broader internal protection, [Employer] also prohibits reprisal, threat, ostracism, adverse work action and evidence/witness interference against good-faith participants, witnesses and support persons. Retaliation is separately investigated. An unsubstantiated complaint is not bad faith; deliberate fabrication may be reviewed separately.

Case files are secured and separated from routine personnel records. Enhanced retention: 7 years after closure; policy/training/review records for active life plus 7 years, subject to privacy requirements and legal hold.

Every employee receives training on recognition, policy rights/duties, reporting routes, investigation, privacy, supports, bystander response and reprisal. Supervisors/recipients receive role training. Completion records are retained. The policy is reviewed and updated as necessary at least every 3 years, in consultation with the committee or representative, if any, under s. 1.9; [Employer] also adopts annual compliance checks and immediate review after a legal change, material incident or identified deficiency.

This policy does not limit access to Nova Scotia OHS, the Human Rights Commission, Workers' Compensation Board, police, a union/arbitrator, privacy regulator or court/tribunal.

Nova Scotia authoritative sources

- Workplace Health and Safety Regulations, N.S. Reg. 52/2013 — Part 27, added by N.S. Reg. 163/2025, O.I.C. 2025-239, effective September 1, 2025
- Nova Scotia OHS Division — Harassment in the Workplace Guide for Employers
- Violence in the Workplace Regulations, N.S. Reg. 209/2007
- Nova Scotia — New Workplace Harassment Regulations Effective September 1
- Nova Scotia Human Rights Act — this Legislative Counsel office print has older/no 2020–2026 currency indication; verify the current Act before deployment.

Operational schedules and forms

These schedules form part of this Nova Scotia 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 Nova Scotia schedule preset

Insert this policy's express consultation, posting/availability, investigation, notice, training, review and companion-violence rules; never replace them with generic 90-day, annual or 7-year enhanced defaults.

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]	[ ]	[ ]

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

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

Risk factor / scenario	Persons or roles exposed	Existing controls	Evidence control works	Likelihood	Consequence	Residual rating	Additional control, owner, due date
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
Nova Scotia	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 Nova Scotia training override

- Nova Scotia: use this policy's express training requirements and role coverage; do not substitute the generic curriculum for them.

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	[ ]	[ ]	[ ]	[ ]
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 Nova Scotia retention preset

Jurisdiction / record	Minimum used in this template
Nova Scotia case files	Use this jurisdiction's express rule, if any; otherwise use the policy's expressly labelled 7-year enhanced period, adjusted by a documented privacy, limitations and legal-hold analysis.

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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