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Workplace Harassment Policy and Program Template — Ontario

Ontario • 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.

Workplace Harassment Policy and Program

1. Policy/program record

Field	Required entry
Employer / workplaces, including telework	[Legal name / locations]
Highest accountable signatory	[Name/title]
JHSC / H&S representative consultation record	[Body/date/minutes]
Primary complaint recipient	[Name/title/secure channels]
Alternate person where employer/supervisor/primary recipient is alleged	[Independent name/service and secure channels]
Effective date / last annual review / next annual review	[Dates]
Posting method	[Conspicuous location and/or compliant electronic access directions]

This document combines [Employer]'s workplace harassment policy and implementing program. The written program is mandatory for every employer under OHSA s. 32.0.6(1), regardless of workforce size, and must be developed and maintained in consultation with the JHSC or health and safety representative, if any. If six or more workers are regularly employed at a workplace, the policy must also be written and posted conspicuously or electronically in a manner satisfying the OHSA.

2. Commitment and scope

[Employer] prohibits workplace harassment, including workplace sexual harassment and virtual harassment. It will consult the JHSC or health and safety representative, if any, in developing and maintaining the program; provide information/instruction; receive reports through independent alternatives; ensure an investigation appropriate in the circumstances into every incident and complaint; protect privacy; notify the required parties in writing of results and corrective action; correct identified hazards; and review both the policy and program as often as necessary and at least annually.

The policy applies to workers, supervisors, managers, owners, directors, contractors, applicants, volunteers and work-related third parties. It covers physical workplaces, telework in or about a private residence, client sites, travel, vehicles, employer lodging, training, conferences, work events and virtual conduct through information and communications technology, including email, chat, video, collaborative platforms and connected social media.

3. Definitions

Workplace harassment means engaging in a course of vexatious comment or conduct against a worker in a workplace, including virtually through information and communications technology, that is known or ought reasonably to be known to be unwelcome. It includes workplace sexual harassment.

Workplace sexual harassment includes (a) a course of vexatious comment or conduct against a worker in a workplace, including virtually through information and communications technology, because of sex, sexual orientation, gender identity or gender expression, where it is known or ought reasonably to be known to be unwelcome; and (b) a sexual solicitation or advance made by a person able to confer, grant or deny a benefit or advancement where the person knows or ought reasonably to know it is unwelcome.

A reasonable action by an employer or supervisor relating to management and direction is not workplace harassment. This exclusion does not protect discriminatory, retaliatory, abusive or humiliating methods. The internal policy also prohibits a single serious act, bullying, poisoned-environment conduct and other serious disrespect even if it does not satisfy the statutory “course” requirement.

Examples include slurs, degrading joke/image/gesture, sexualized message or contact, unwanted advance, benefit tied to sexual cooperation, threat, stalking, doxxing, cyber-bullying, malicious rumour, repeated exclusion, work sabotage, hazing, abuse of authority and retaliation. Intent is not required.

4. Responsibilities and prevention

The employer prepares/posts/reviews the policy, develops and maintains this program in consultation with the JHSC or health and safety representative, if any, provides information and instruction, ensures appropriate investigations, gives statutory written outcome notice, corrects hazards and prevents reprisal. Supervisors model respect; act on observed/known conduct; transmit reports immediately; protect immediate safety/evidence; implement interim controls; and avoid conflicted fact-finding. Workers refrain, report incidents they experience or observe, cooperate honestly, preserve evidence and respect privacy.

At annual review and after a material incident/change, [Employer] evaluates prior concerns, culture, supervisory practices, staffing/workload, power imbalance, public/client contact, isolated/remote work, digital systems, protected-ground risk and third-party behaviour. Although the OHSA does not impose the violence-risk assessment requirement on harassment as such, this enhanced assessment supports reasonable precautions. Workplace violence, threats and domestic violence are governed concurrently by [workplace violence policy/program location] and OHSA ss. 32.0.2–32.0.5.

Immediate danger: move to safety, call 911/local emergency services, use [summoning-assistance procedure] and obtain first aid/medical care. A threat or domestic-violence concern is immediately escalated under the violence program.

5. Reporting measures and procedures

A worker or witness may report orally or in writing to [employer/supervisor recipient]. If the employer, supervisor or normal recipient is alleged or conflicted, report to [person other than employer/supervisor]. This alternate route must be real, independent and accessible. Supervisors who become aware of possible harassment must trigger the program; the duty to investigate is not dependent on a formal complaint.

Provide, if known: the people involved; exact words/actions; dates, locations and frequency; whether conduct was virtual and the platform/account; witnesses; related emails/messages/images/files; impact; prior steps; and immediate safety, support or accommodation needs. No mandatory form, confrontation or legal label is required. Anonymous, late or incomplete reports are assessed based on available evidence and fairness.

The recipient will acknowledge promptly (enhanced target: 2 business days), screen violence/emergency, conflict, reprisal, accommodation/accessibility and evidence-preservation needs, explain process/privacy/representation/external rights and preserve time-sensitive records. Interim measures may include no-contact directions, reporting/schedule/location changes, remote work, security, paid leave or reassignment. They are non-disciplinary, proportionate, reviewed every 30 days and should not burden the reporting worker.

6. How incidents and complaints will be investigated and dealt with

Every incident and complaint will receive an investigation appropriate in the circumstances. A limited investigation may be appropriate where the facts are admitted or the information, even if true, could not be harassment; that threshold decision and reasons are documented. The employer may investigate without the affected worker's agreement where it knows or ought to know of possible harassment.

Voluntary informal resolution may be considered only when safe and suitable. It is not a prerequisite and is generally inappropriate for violence, serious sexual/discriminatory conduct, retaliation, coercion or a major power imbalance. Informal action does not replace the statutory investigation duty where unresolved facts or risks remain.

An impartial, competent investigator—external where neutrality, expertise, executive involvement or complexity requires—uses written terms of reference; identifies allegations and legal/policy tests; notifies parties; permits appropriate representation/support; interviews separately; gathers relevant records; gives the respondent sufficient particulars and an opportunity to answer; allows a fair response to material conflicting evidence; assesses credibility using neutral factors; and makes findings on the balance of probabilities. The Ministry's Code of Practice benchmark is completion within 90 calendar days unless extenuating circumstances justify longer. Reasons are documented and the parties receive monthly status updates when delayed.

The report sets out mandate, allegations, process, material evidence, credibility analysis, findings, reasons and recommendations. An inspector may order an investigation by an impartial person with specified knowledge, experience or qualifications at the employer's expense; [Employer] will comply and not interfere.

7. Written results and corrective action

The worker who allegedly experienced harassment and the alleged harasser, if they are a worker of [Employer], will each be informed in writing of the investigation results and any corrective action taken or to be taken. [Employer] adopts the Minister-approved Code of Practice method and will deliver those written notices within 10 calendar days after the investigation concludes. This 10-day period is a Code compliance benchmark, not wording found directly in OHSA s. 32.0.7. The notice will provide the specific result needed to understand disposition and identify corrective measures relevant to the recipient, while withholding unnecessary personal information and the exact level of another person's discipline. The full report is not automatically provided.

Corrective action may include direction, education, coaching, monitoring, voluntary restorative measures, accommodation, work or technology redesign, security/contract controls, reassignment, discipline up to termination and third-party exclusion. A non-harassment finding does not prevent correction of disrespect, conflict or system hazards. Owners/deadlines are tracked and effectiveness/reprisal checked at about 30, 90 and 180 days.

8. Confidentiality, reprisal, records and bad faith

Information obtained about an incident or complaint, including identifying information, will not be disclosed unless necessary to investigate, take corrective action or comply with law. This does not prevent protected reports or confidential consultation with a representative, support person, health professional, regulator, police or legal adviser.

Reprisal, threat, ostracism, adverse work action, witness interference, evidence destruction or retaliatory complaint because a person reported, participated, rejected an unwelcome sexual solicitation or advance, or exercised an OHSA or human-rights right is prohibited and investigated separately. This protection rests on OHSA s. 50, the Human Rights Code where applicable, and this policy; it is not part of the OHSA definition of workplace sexual harassment. An unsubstantiated complaint is not bad faith. Knowingly fabricated material may be addressed only after a separate fair investigation.

Case files are access-controlled and separate from routine personnel files; final discipline may be filed appropriately. Under the Minister-approved Code of Practice method, investigation records must be kept for at least one year from the conclusion of the investigation. The Code separately says employers should keep documents showing information and instruction for at least one year; [Employer] adopts that recommendation. [Employer] also adopts the longer enhanced period of 7 years after closure for case files, and active life plus 7 years for policy/program, annual-review and instruction records, subject to privacy law and litigation hold. Investigation reports are not reports for the purposes of OHSA s. 25(2), but anonymized trends and prevention information may be shared where lawful.

9. Information, instruction, annual review and external rights

All workers receive information/instruction on definitions (including virtual conduct and telework), examples, reporting/alternate routes, investigation, privacy, supports, bystander response, violence overlap and reprisal. Supervisors/recipients receive role-specific intake, immediate-response, human-rights, accommodation and fairness training. Content, attendance and competency are recorded.

The policy and program are each reviewed as often as necessary and at least annually. The statutory consultation duty applies to developing and maintaining the program with the JHSC or health and safety representative, if any. [Employer] also consults that workplace party on policy review as an enhanced control. Review considers legal change, virtual/remote risks, incidents/complaints, delay, repeat areas, corrective action, training, accessibility and identified deficiencies without identifying parties. Material revisions are communicated and instruction refreshed.

This policy does not limit contact with the Ministry of Labour, Immigration, Training and Skills Development, the Human Rights Tribunal of Ontario, Ontario Human Rights Commission, Human Rights Legal Support Centre, WSIB, police, a union/arbitrator, privacy regulator or a court/tribunal, or lawful refusal, grievance or complaint rights. OHSA Part IX.1, including s. 69.1, came into force November 27, 2025, but administrative penalties apply only to prescribed contraventions and amounts. O. Reg. 365/25, in force January 1, 2026, currently prescribes one non-harassment contravention and does not prescribe a harassment contravention or penalty amount; this policy therefore does not represent administrative penalties as a current harassment-enforcement consequence.

Ontario authoritative sources

- Occupational Health and Safety Act — Part III.0.1
- Ontario — Code of Practice to Address Workplace Harassment
- Ontario — Workplace harassment investigations
- Working for Workers Five Act, 2024 — virtual harassment and telework amendments
- Working for Workers Seven Act, 2025 — Part IX.1 administrative penalties
- O. Reg. 365/25 — Administrative Penalties

Operational schedules and forms

These schedules form part of this Ontario 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 Ontario schedule preset

Use the mandatory written program at every size, program-consultation record and annual review; if relying on the Minister-approved Code method, calendar 90 days for investigation, 10 days for written results/action and at least one year for investigation records. Do not represent Part IX.1 as imposing a harassment administrative penalty unless a later regulation prescribes one and an amount.

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]	[ ]	[ ]
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	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]

Risk factor / scenario	Persons or roles exposed	Existing controls	Evidence control works	Likelihood	Consequence	Residual rating	Additional control, owner, due date
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	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Third parties, multiple employers, contractors or unclear site control	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]

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

Jurisdiction / authority	Calendar control
Ontario Minister-approved Code method	Conclude the investigation within 90 calendar days unless extenuating circumstances justify delay; give written results and corrective action within 10 calendar days after conclusion. Label these as the adopted Code method, while also satisfying OHSA's direct outcome-notice duty.

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 Ontario training override

- Ontario: apply this policy's training rule and any general OHS training duties. Treat any curriculum or timing that the policy labels as enhanced as an enhanced control rather than 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	[ ]	[ ]	[ ]	[ ]

Review element	Evidence considered	Finding	Revision/action	Owner/due date
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 Ontario retention preset

Jurisdiction / record	Minimum used in this template
Ontario — records under the adopted Code method	Investigation records must be kept at least 1 year from the investigation's conclusion. The Code says employers should also keep documents showing information and instruction for at least 1 year. This template adopts 7 years as the longer enhanced case-file period unless privacy or other law requires a different disposition.

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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