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Workplace Harassment Prevention Policy Template — Saskatchewan

Saskatchewan • 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 Prevention Policy

1. Policy record

Field	Required entry
Employer / places of employment	[Legal name / sites]
Statutorily consulted party	[Occupational health committee / OHS representative / workers if neither exists; date/minutes]
Primary / alternate recipients	[Secure details]
Effective date / annual harassment-policy review / separate violence-plan mandatory 3-year review dates	[Dates]
Conspicuous posting locations	[Locations]
Separate violence policy/plan	[Mandatory location/reference]

This written policy was developed after consultation with the occupational health committee, the occupational health and safety representative, or, where neither exists, the workers, in that statutory sequence under The Saskatchewan Employment Act (“SEA”) s. 3-21.1(1). The policy is implemented and posted conspicuously where readily available to workers. OHS Regulations s. 3-25 supplies the prescribed policy contents; SEA s. 3-21.1 supplies the broader consultation and investigation duties.

2. Required commitments and scope

Every worker has the right to employment free of harassment. [Employer] will make every reasonably practicable effort to ensure workers are not subjected to it, take corrective action against any person under its direction who harasses, investigate incidents, preserve confidentiality subject to legal exceptions, inform parties of results, and not discourage any other legal right, including assistance from an occupational health officer or a complaint to the Saskatchewan Human Rights Commission.

“Worker” and policy coverage include the people protected by current Part III of The Saskatchewan Employment Act, which can extend beyond conventional employees, including certain contractors, students in training and volunteers. The policy covers physical and remote places of employment and work-connected travel, events, client sites, lodging, vehicles and digital communication; it also applies to work-related third parties.

3. Definitions

Harassment under the Act includes:

- conduct based on prohibited grounds or physical size/weight that threatens health or safety;
- personal harassment—serious or repeated inappropriate conduct, comment, display, action or gesture that adversely affects psychological or physical well-being, is known or ought reasonably to be known to humiliate or intimidate, and constitutes a threat to the worker's health or safety; and
- sexual harassment—conduct, comment, display, action or gesture that is of a sexual nature and that the person knows or ought reasonably to know is unwelcome.

The current statutory wording controls. The single-serious-occurrence and reasonable-management provisions in SEA ss. 3-1(4)–(5) apply specifically to the personal-harassment branch, not to prohibited-ground or sexual harassment. The internal policy also prohibits bullying, threat, abuse, discriminatory slur, humiliation, malicious rumour, hazing, stalking, cyber-harassment, repeated exclusion, sabotage, sexual solicitation/advance, sexual coercion/benefit, related reprisal and retaliation, whether or not every statutory element is met. Reasonable good-faith assignment, evaluation, investigation, discipline or workplace direction is not harassment when respectful and lawful.

4. Duties, prevention and violence overlap

The employer consults, posts/implements, investigates incidents, corrects hazards, informs parties, trains and prevents retaliation. Supervisors intervene, receive/escalate reports, protect safety/evidence, implement interim measures and do not conduct conflicted investigations. Workers refrain, report experienced/observed conduct, cooperate and respect privacy.

Since May 17, 2024, all Saskatchewan workplaces must also have the violence policy statement and prevention plan required by the Act and Regulations and investigate violence incidents. [Separate violence plan] is mandatory and operates concurrently; this harassment policy does not replace its worksite/position identification, risk information, controls, reporting, investigation, post-incident medical/counselling recommendation and training elements. Under OHS Regulations s. 3-26(6), the violence plan must be reviewed and, where necessary, revised at least every 3 years and whenever circumstances change.

At annual enhanced review and after incident/change, [Employer] assesses culture, prior reports, staffing/workload, public contact, isolated/remote work, digital systems, power imbalance, workplace violence and third-party risk. Immediate danger: move to safety, call 911/local emergency services, use [security] and obtain first aid/medical care.

5. Reporting and initial response

Bring a complaint or incident orally or in writing to [recipient], or [alternate independent recipient] if the normal route is involved/conflicted. A worker may request OHS officer assistance. A witness/representative may report; supervisors must escalate known incidents. No confrontation, mandatory form or informal first step is required.

Provide names, exact conduct/words, dates/locations/frequency, witnesses, records, impact and immediate needs if known. Anonymous, incomplete or delayed information is assessed fairly. Enhanced target: acknowledge within 2 business days; screen emergency/violence, conflict, reprisal, accommodation and evidence risk; explain process/privacy/representation/external rights; preserve records; and offer support.

Interim no-contact, reporting/schedule/location changes, security, remote work, paid leave or reassignment are neutral, proportionate, reviewed every 30 days and should not penalize the reporting worker.

6. Investigation, result and correction

The employer will ensure an investigation into any incident of harassment. Suitable lower-level matters may use voluntary informal resolution, but it is not mandatory and normally inappropriate for violence, serious sexual/discriminatory conduct, retaliation, coercion or material power imbalance. Withdrawal does not end required hazard action.

An impartial competent investigator uses written terms; identifies allegations and tests; notifies parties; permits appropriate representation/support; interviews separately; gathers records; gives adequate particulars and response opportunity; lets parties address material conflicts; assesses credibility neutrally; and makes balance-of-probabilities findings. Enhanced target: 90 calendar days, with documented reasons and monthly updates if longer.

The report records mandate, process, evidence, findings, reasoning and recommendations. The complainant and alleged harasser receive a written description of investigation results in accordance with the policy, and corrective action relevant to them, subject to privacy. The full report and exact discipline are not automatic disclosures.

Corrective action may include direction, education, coaching, monitoring, voluntary restorative measures, accommodation, work/security/contract redesign, reassignment, discipline up to termination and third-party exclusion. Owners/deadlines and effectiveness/reprisal checks at 30, 90 and 180 days are documented.

7. Confidentiality, non-reprisal, records, training and review

The employer will not disclose complainant/alleged-harasser names or circumstances except where necessary to investigate or take corrective action, or required by law. This does not prevent protected reporting or confidential representation/support/health/legal advice. Discriminatory action or reprisal for seeking enforcement, reporting or participating is prohibited. Unsubstantiated does not mean bad faith; deliberate fabrication is separately and fairly assessed.

Files are role-restricted and separate from routine personnel files. Enhanced retention: cases 7 years after closure; policy, consultation, posting, training and review records for active life plus 7 years, subject to legal hold/privacy requirements.

All workers receive instruction on definitions, reporting routes, investigation, privacy, violence overlap, support, bystander response and reprisal; supervisors/recipients receive role-specific training. [Employer] reviews annually as enhanced practice and immediately after law/incident/change/procedure failure, consulting the OHC/representative on material revisions.

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

Saskatchewan authoritative sources

- The Saskatchewan Employment Act — King's Printer consolidation (states that the consolidation is not official), including s. 3-21.1
- The Occupational Health and Safety Regulations, 2020 — King's Printer consolidation, ss. 3-25 and 3-26
- Government of Saskatchewan — Bullying and harassment in the workplace
- 2023 Part III amendments fact sheet

Operational schedules and forms

These schedules form part of this Saskatchewan 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 Saskatchewan 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
Saskatchewan	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 Saskatchewan training override

- Saskatchewan: 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	[ ]	[ ]	[ ]	[ ]
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 Saskatchewan retention preset

Jurisdiction / record	Minimum used in this template
Saskatchewan 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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