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Violence and Harassment Prevention Policy Template — Yukon

Yukon • 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 Violence and Harassment Prevention Policy Statement and Procedures

1. Policy record

Field	Required entry
Employer / each workplace	[Legal name / sites]
Consulted party	[Committee / H&S representative / workers; record/date]
Primary reporting recipient	[Secure details]
Person other than employer for allegations against employer	[Independent details]
Emergency / assistance contacts	[Details]
Effective / enhanced annual review dates	[Dates]

These written policy statements and procedures were developed in consultation with [applicable party] for each workplace, are implemented, and are supported by necessary worker training and adequate supervision. [Employer] also makes them accessible to workers, consistent with WSCB guidance; accessibility is an adopted implementation control rather than express wording in Part 19.

2. Mandatory policy statements

Violence and harassment are prohibited. Every worker is entitled to employment free from them. [Employer] is committed to eliminating, or if that is not practicable controlling, their risks. Workers may complain to the employer or, if the employer is alleged, to [person other than employer]. Circumstances and names of victim, alleged responsible person and witnesses will not be disclosed except where necessary to investigate, correct, inform involved persons of results/action, inform workers of the nature/extent of risk, or comply with law; only the minimum personal information necessary will be disclosed. This policy does not limit any right under other law.

3. Scope and definitions

The policy applies to workers, supervisors, managers, owners, directors, contractors, volunteers and work-related third parties at every workplace and in connected remote work, client sites, travel, vehicles, employer lodging, training, events and digital communications.

Harassment under s. 1.02 has distinct branches. Paragraph (a) means bullying, other objectionable conduct or an inappropriate comment that occurs in a workplace or is work-related, is known or ought reasonably to be known to be likely unwelcome, and adversely affects the worker's physical or psychological well-being or constitutes a threat to the worker's health and safety. Paragraph (b) additionally includes bullying, a course of inappropriate comments to, or in relation to, the worker, or a course of objectionable conduct against the worker that occurs in a workplace or is work-related, is known or ought reasonably to be known to be likely unwelcome, and relates to or is motivated by the worker's sex, sexual orientation, gender identity or gender expression. Paragraph (b) does not import paragraph (a)'s adverse-effect or threat element. The statutory exclusion is reasonable employer or supervisor conduct concerning management of workers or a workplace. As a stricter internal standard, [Employer] additionally prohibits harassment connected to any protected human-rights characteristic and requires management action to be lawful and respectful.

Violence under s. 1.02 means either of the following that occurs in a workplace or is work-related: the threatened, attempted or actual exercise of physical force that causes or is likely to cause injury to a worker; or a threatening statement or conduct giving a worker reasonable cause to believe the worker is at risk of injury.

Examples include threat, abuse, intimidation, degrading/discriminatory comment or display, bullying, malicious gossip, vandalism, stalking, cyber-harassment, isolation, sabotage, unwanted sexual comment/contact/advance, sexual coercion/benefit and retaliation. A single serious event can trigger action.

4. Prevention measures and responsibilities

Schedule YT-1 describes measures to eliminate or control injury risk, based on a workplace hazard assessment considering public/client contact, remote/lone work, camps/travel, cash/valuables, enforcement/service refusal, layout/access, staffing/hours, prior incidents, digital channels, power imbalance, domestic violence and worker vulnerability. The assessment is repeated as often as required, after a significant change, after an incident or injury involving an identified hazard, and whenever the Board orders one under s. 1.03.01. Controls may include staffing/check-ins, barriers/visibility/access, duress communication, safe transport/lodging, role clarity, client/contract rules, de-escalation and platform controls.

The employer consults, provides training/supervision, implements procedures, investigates each incident/complaint, corrects and assists affected workers. Supervisors enforce, intervene, receive/escalate reports, summon help, preserve evidence, implement interim controls and prevent retaliation. Workers follow policy/training/controls, refrain, report, cooperate and respect privacy.

If the employer is aware or ought reasonably to be aware that a worker is or is likely to be exposed to domestic violence in the workplace, it will take reasonable precautions to protect that worker and other likely affected persons. A confidential individualized safety plan may address access, schedules, contact information, security alerts, parking/transport, court orders and emergency procedures without requiring disclosure beyond what protection requires.

5. Reporting, emergency response and assistance

Immediate danger: move to safety, call 911/local emergency or RCMP, use [alarm/security/check-in], seek first aid/medical help and notify [contact] when safe. Do not confront an aggressor.

Report orally or in writing to [employer recipient] or, where the employer is alleged, [person other than employer]. If any recipient is conflicted, use [second alternate]. A worker/witness/representative may report; supervisors must escalate knowledge. Provide names, conduct/words, dates/locations/frequency, witnesses, records, impact and immediate needs if known. No form, confrontation or informal first step is required; anonymous, incomplete and delayed reports are assessed.

The recipient documents the incident/complaint and acknowledges promptly (enhanced target: 2 business days); screens emergency/violence/domestic violence, conflict, reprisal, accommodation, cultural/language and evidence risks; explains process/privacy/representation/external rights; preserves evidence and connects persons to [post-incident treatment/ counselling/EAP/medical/union/community supports].

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

6. Investigation procedure

Every incident and every complaint will receive an investigation appropriate in the circumstances. Voluntary informal resolution may be suitable for lower-level issues but is not mandatory and ordinarily excluded for violence, serious sexual/ discriminatory conduct, retaliation, coercion or major power imbalance.

An impartial competent investigator uses written terms; identifies allegations/tests; notifies parties; permits appropriate representation/support; interviews separately; gathers relevant records; provides adequate particulars/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.

If an officer orders, the investigator must be impartial and have the ordered knowledge, experience or qualifications, prepare a written report without delay, and deliver it to the employer; the employer will at its expense provide the required copies to the officer and involved person(s)/complainant without delay as Part 19 requires.

7. Results, correction and follow-up

The employer/investigator informs involved persons of investigation results and corrective action through a written closure summary, disclosing only the minimum necessary. Where an officer-ordered report must be copied, that statutory rule controls.

Actions to eliminate/control risk may include direction, education, coaching, monitoring, voluntary restorative measures, accommodation, work/security/transport/lodging/contract redesign, reassignment, discipline up to termination, third-party exclusion or police/regulator report. Owners/dates and 30/90/180-day effectiveness/reprisal checks are recorded.

An unsubstantiated report is not bad faith. Deliberate fabrication may be investigated separately. Reprisal, threat, adverse work action, ostracism or evidence/witness interference for reporting, participation or exercise of a legal right is prohibited.

8. Privacy, records, training, review and rights

Disclosure follows the exact purposes and minimum-necessary rule in s. 19.02. Protected external reports, representation, support and medical/legal advice are not barred. Case files are role-restricted and separate. Enhanced retention: cases 7 years after closure; policy/consultation/hazard assessment/training/review for active life plus 7 years, subject to any statutory record rule, privacy law and legal hold.

Necessary training covers recognition, this policy/procedures, controls, response/assistance, reporting, documentation, investigation, domestic violence, privacy and reprisal. Supervisors/recipients receive role-specific training; completion and competency records are kept. Adequate supervision ensures compliance.

Under s. 1.04.01(2), [Employer] reviews and, where necessary, revises these written prevention policy statements and procedures at least once every 3 years. [Employer] adopts annual review as a stronger internal cycle and reviews immediately after a legal change, incident, significant change or control failure, consulting the required workplace party. If ordered by the Board under s. 1.04.01(3), [Employer] will retain an expert acceptable to the Board to review its prevention policies, procedures and practices and will submit the required written report.

This policy does not limit contact with the Workers' Safety and Compensation Board, Yukon Human Rights Commission, police/RCMP, a union/arbitrator, workers' compensation, privacy commissioner or court/tribunal. A reprisal complaint to the Board must ordinarily be made within 21 days after the alleged reprisal under Act s. 54(4). Where a collective agreement provides a reprisal process, the worker may have to elect between that process and the Board route, and the statutory election is irrevocable; prompt advice is important. For reconsideration under s. 73(3), a decision on a work refusal under s. 50 has a 7-day period, while another decision or order under Part 3 generally has a 21-day period. Section 74 excludes reprisal decisions under s. 54 and variance decisions under s. 71 from ss. 73 and 75. A request to reconsider an administrative penalty is subject to the separate 21-day period in s. 176(2).

Yukon authoritative sources

- Yukon Workplace Health and Safety Regulations — Part 19
- Yukon Workplace Health and Safety Regulations — Part 1 (definitions, assessments and review)
- Yukon Workers' Safety and Compensation Act — ss. 54(4), 73(3), 74 and 176(2)
- Yukon WSCB — Workplace Violence and Harassment Prevention Employers' Guide
- Yukon — Violence and harassment prevention resources
- Yukon Workers' Safety and Compensation Act and regulations
- Yukon Index of Regulations — W (regulation history and currency)

Operational schedules and forms

These schedules form part of this Yukon 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 Yukon schedule preset

Calendar the 3-year legal review maximum and Board-ordered assessment/review triggers; use Act s. 54(4) for the 21-day reprisal-complaint period, s. 73(3)(a) for the 7-day work-refusal reconsideration period, s. 73(3)(b) for the general 21-day Part 3 period, s. 74 for exclusions, and s. 176(2) for administrative-penalty reconsideration.

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]	[ ]	[ ]

Control	Evidence / location	Accountable person	Date complete
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	[ ]

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

B2. Risk inventory and action plan

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

Risk factor / scenario	Persons or roles exposed	Existing controls	Evidence control works	Likelihood	Consequence	Residual rating	Additional control, owner, due date
Leadership style, incivility, power imbalance or fear of reporting	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Workload, unclear roles, change, discipline, layoff or labour dispute	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Public, patient, student, client, customer, resident or family interaction	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Lone, remote, mobile, home, camp, travel or employer-lodging work	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Night work, cash/ valuables, controlled goods, service refusal or enforcement	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]

Risk factor / scenario	Persons or roles exposed	Existing controls	Evidence control works	Likelihood	Consequence	Residual rating	Additional control, owner, due date
Sexual harassment, gender-based violence or intimate-partner/ family violence	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Protected-ground harassment, accommodation conflict or hate activity	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Young, new, temporary, migrant, precarious, disabled or otherwise vulnerable workers	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Email, chat, video, monitoring, AI, shared systems or social media	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Third parties, multiple employers, contractors or unclear site control	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Small-community, language, cultural, family/ kinship or conflict-of-interest constraints	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Prior incidents, repeat locations/ persons, weak investigations or unimplemented recommendations	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]

B3. Control hierarchy and sign-off

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

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

Schedule C — Report / notice of occurrence form

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

C1. Reporter and people involved

- Reporter name/contact (optional for a witness where law permits anonymous notice): [ ]
- Person allegedly affected / preferred safe contact: [ ]
- Person(s) whose conduct is at issue / role / employer, if known: [ ]
- Witnesses or people with relevant information: [ ]
- Representative, interpreter, support or accommodation requested: [ ]
- Is any normal reporting recipient involved or conflicted? [Yes/no/details]

C2. Occurrence

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

C3. Evidence, safety and outcome sought

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

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

Schedule D — Recipient intake, safety and conflict checklist

Complete immediately and update whenever risk changes.

1. Jurisdiction and coverage: confirm governing law, workplace, worker status, former-worker rule and any sector-specific or collective-agreement process.
2. Emergency triage: imminent danger; medical/first aid; suicide/self-harm; sexual assault; child/vulnerable-person duty; weapon; stalking; domestic/family violence; police/security; serious-incident reporting; scene/evidence protection.
3. Conflict screen: recipient, investigator, decision-maker, counsel, representative, interpreter, senior leadership, family/community or reporting relationships. Record actual, potential and perceived conflicts and mitigation.
4. Acknowledgement: date due under law; actual date; policy/process/representation/external-right information provided; accessibility/language confirmed.
5. Evidence hold: identify custodians, platforms, auto-delete periods, CCTV/access retention, devices, notes, social media, work records and preservation owner. Preserve proportionately and lawfully; do not conduct overbroad surveillance.
6. Interim measures: risk addressed; party views considered; least prejudicial effective measure; pay/benefits/accommodation maintained; decision-maker/reasons; communication; 30-day review date.
7. Supports: EAP/medical/counselling/sexual-violence/community/culturally safe/union/legal/accommodation contacts offered without requiring a finding.
8. Process route: threshold review, required investigation, possible voluntary resolution, parallel criminal/regulatory/grievance process, privilege decision and statutory reporting.
9. Communications: safe channels, no-contact rules, status-update cadence, media/public-contact control where lawful, and no promise of exact discipline or absolute confidentiality.
10. Case plan: allegations/issues list, investigator/decision-maker, terms of reference, target dates, statutory deadline, review/report recipients and corrective-action owner.

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

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	[ ]

Control	Entry
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
Yukon	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 Yukon training override

- Yukon: 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	[ ]	[ ]	[ ]	[ ]

Review element	Evidence considered	Finding	Revision/action	Owner/due date
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	[ ]	[ ]	[ ]	[ ]	[ ]

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

Jurisdiction / record	Minimum used in this template
Yukon 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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