



PIB	PSE 911
PIB	PSE 919
PIB	RCMP PPE 805

Instructions: Notice of Occurrence Work Place Harassment and Violence

Confidentiality Requirements of the Work Place Harassment and Violence Occurrence Reporting Process

The Principal Party (Complainant) initiates the Harassment and Violence Prevention in the Work Place process by completing a Notice of Occurrence (form 3919) and sending it to the Independent Centre for Harassment Resolution (ICHR).

For the duration of the harassment process, you, as the **Principal Party**, are not to discuss this matter, including the allegations and surrounding events with the Responding Party, witnesses, colleagues or other unauthorized persons. From this point on, **all parties must respect the confidentiality of the process**. Any breach in confidentiality may lead to disciplinary or conduct measures being administered. You may seek assistance from your bargaining agent (if you are an employee) or your divisional Labour Relations advisor (if you are a supervisor/manager). The Employee Assistance Service (EAS) is available to all RCMP employees at 1-800-268-7708 (or 1-800-567-5803 (TTY)). EAS is available 24/7, and offers free and confidential short-term counselling services to all RCMP employees.

The completed form should only include information pertaining to the incident.

The following information is not to be included in the form:

- file numbers or police reports, etc.;
- sensitive, personal information about yourself or other individuals, such as the use of counselling services, medical information or other sensitive data;
- personal information about yourself or others which is not relevant to the investigation, such as personal identifiers (e.g. Social Insurance Number, Personnel Record Identifier).

Be advised that all information supplied in this form, becomes a record in the Administrative Case Management Tool (ACMT) and may be shared with the Responding Party and/or individuals who are authorized through the Harassment and Violence Prevention in the Work Place process.

Completion Instructions for the Harassment and Violence Prevention Process

One (1) Notice of Occurrence (Form 3919) is required for each Responding Party. A blank form (missing occurrence behaviour details listed in the text boxes, etc.) is considered incomplete and will be returned to you for completion.

For guidance, please contact the Independent Centre for Harassment Resolution (ICHR).

- **Step 1** - Complete all areas of Sections A, B and C.
 - In **Section A**, if **occurrence** is related to a **fatality**, please report to the regional Occupational Health and Safety Officer (OSO), who will report the occurrence to Economic and Social Development Canada (ESDC). If occurrence is related to a **disabling injury**, please complete a [Lab 1070](#) and forward to the regional Occupational Health and Safety Officer (OSO).
- **Step 2** - Complete all areas of Section D, listing all occurrences in chronological order beginning with the date of the first incident and ending with the most recent incident, that together, constitute the overall occurrence (if more than one event took place). Please list one occurrence per text box and provide the following elements:
 - the exact **date of the occurrence** (yyyy-mm-dd) or **timeframe**, if you are unsure (yyyy-mm-dd to yyyy-mm-dd);
 - the **location of the occurrence** (where exactly did the occurrence take place);
 - please describe the behaviour linked directly to the Responding Party and the corresponding impact or harm (how did it make you feel and were there any physical manifestations, etc.) or describe the occurrence and its effect and impact. If you are the Principal Party, use "I" statements when drafting the description of the occurrence; If you are a witness use concrete observable information in the description;
 - please describe how the occurrence was discriminatory based on one or more of the **thirteen (13) prohibited grounds, as defined in the *Canadian Human Rights Act (CHRA)***; i.e. race, national or ethnic origin, colour, religion, age, sex, sexual orientation, gender identity or expression, marital status, family status, genetic characteristics, disability and conviction for an offence for which a pardon has been granted or in respect of which a record suspension has been ordered;
 - please describe how the occurrence caused an impact on your personal and or within your professional life. Please **do not** provide private medical information such as a medical diagnosis or condition;
 - **do not** refer to **witnesses** in the incident description box. Place their names and contact information (telephone number or email address) in the witness box section;
 - any additional context that you wish to provide for an incident can be captured in a separate document (the **written statement**). It is very helpful to have the information in the written statement identified with the corresponding occurrence. Note that the written statement will accompany the Notice of Occurrence;
 - An expansion form is available should you have more than four (4) incidents to list. Email your request for this document to the ICHR at ICHR-CIRH@rcmp-grc.gc.ca.
- **Step 3** - Complete Section E concerning efforts at an informal resolution, if any (if none please also indicate in this section).
- **Step 4** - In Section F, please sign and date the form.
- **Step 5** - Review the Notice of Occurrence to ensure that all sections have been completed.

Note: If you require further clarification or assistance while completing the Form, contact the National Harassment Reviewer or the Division Harassment Advisor.



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Notice of Occurrence

Work Place Harassment and Violence

Harassment and Violence Definition: means any action, conduct or comment, including of a sexual nature, that can reasonably be expected to cause offence, humiliation or other physical or psychological injury or illness to an employee, including any prescribed action, conduct or comment.

Section A

Does this Notice of Occurrence involve a fatality?

Yes No

Report to local Occupational Health and Safety Officer (OSO).

Does this Notice of Occurrence involve a disabling injury?

Yes No

Complete [Lab 1070](#) and forward to local Occupational Health and Safety Officer (OSO) within 14 days.

Reported Date of Complaint (yyyy-mm-dd)

Principal Party

Surname	Given Name
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Category of Employment

RM PSE CM Other specify:

HRMIS No. (if applicable)	Rank (if applicable)	Regimental No. (if applicable)
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Contact Information

Email Address	Telephone No. (incl. area code)
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Occurrence Location Information

Division	Section	Unit/Detachment
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Address	Postal Code (A9A 9A9)
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Supervisor Name

Current Status

Current Work Status

Working ODS Suspended Retired Other specify:

Are you receiving support during this process?

Yes No

Witness

Witness Definition: someone who witnesses an occurrence or is informed of an occurrence by the principal party or responding party, may also submit a notice of occurrence on behalf of the principal party, or anonymously.

Surname	Given Name
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Category of Employment

RM PSE CM Other specify:

HRMIS No. (if applicable)	Rank (if applicable)	Regimental No. (if applicable)
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Contact Information

Email Address	Telephone No. (incl. area code)
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Protected A
once completed

Work Location Information			
Division	Section	Unit/Detachment	
Address			Postal Code (A9A 9A9)
Supervisor Name			

Current Status

Current Work Status
 Working ODS Suspended Retired Other specify:

Are you receiving support during this process?
 Yes No

Section B - Responding Party

Responding Party Information

Surname	Given Name		
Category of Employment <input type="radio"/> RM <input type="radio"/> PSE <input type="radio"/> CM <input type="radio"/> Other specify:			
HRMIS No. (if applicable)	Rank (if applicable)	Regimental No. (if applicable)	
Work Relationship With the Responding Party			

Work Location Information

Work Location Same as Principal Party

Division	Section	Unit/Detachment	
Address			Postal Code (A9A 9A9)
Supervisor Name			

Section C - Current Situation

Are you continuing to experience or witness any of the alleged occurrences from the Responding Party?
 Yes. If selected, specify in next field. No

Specify

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Section D - Occurrences Description

Bearing in mind the definition of harassment and violence, please provide a summary of each occurrence. Provide as many summaries as you feel are necessary to demonstrate the extent of the harassing and violent behaviour from the Responding Party.

Summary of Occurrence Number 1

Date (yyyy-mm-dd)

Location

Summary of Behaviour

Indicate how the occurrence caused offence or harm. (belittled, demeaned, embarrassed, intimidated, threatened, etc.)

Indicate how the occurrence has caused discrimination based on one or more of the thirteen (13) prohibited grounds, as defined in the *Canadian Human Rights Act. (CHRA)*

Indicate how the occurrence has caused an impact on your personal and/or professional life? Please describe.

Is a statement with details of this occurrence in your own words attached to the email?

Yes No

Witness Number 1

Witness Name

Witness Email

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Witness Number 2	
Witness Name	Witness Email

Witness Number 3	
Witness Name	Witness Email

Witness Number 4	
Witness Name	Witness Email

Summary of Occurrence Number 2	
Date (yyyy-mm-dd)	Location
Summary of Behaviour	
Indicate how the occurrence caused offence or harm. (belittled, demeaned, embarrassed, intimidated, threatened, etc.)	
Indicate how the occurrence has caused discrimination based on one or more of the thirteen (13) prohibited grounds, as defined in the <i>Canadian Human Rights Act. (CHRA)</i>	
Indicate how the occurrence has caused an impact on your personal and/or professional life? Please describe.	

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Is a statement with details of this occurrence in your own words attached to the email?

Yes No

Witness Number 1

Witness Name

Witness Email

Witness Number 2

Witness Name

Witness Email

Witness Number 3

Witness Name

Witness Email

Witness Number 4

Witness Name

Witness Email

Summary of Occurrence Number 3

Date (yyyy-mm-dd)

Location

Summary of Behaviour

Indicate how the occurrence caused offence or harm. (belittled, demeaned, embarrassed, intimidated, threatened, etc.)

Indicate how the occurrence has caused discrimination based on one or more of the thirteen (13) prohibited grounds, as defined in the *Canadian Human Rights Act*. (CHRA)

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Indicate how the occurrence has caused an impact on your personal and/or professional life? Please describe.

Is a statement with details of this occurrence in your own words attached to the email?

Yes No

Witness Number 1

Witness Name

Witness Email

Witness Number 2

Witness Name

Witness Email

Witness Number 3

Witness Name

Witness Email

Witness Number 4

Witness Name

Witness Email

Summary of Occurrence Number 4

Date (yyyy-mm-dd)

Location

Summary of Behaviour

Indicate how the occurrence caused offence or harm. (belittled, demeaned, embarrassed, intimidated, threatened, etc.)

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Indicate how the occurrence has caused discrimination based on one or more of the thirteen (13) prohibited grounds, as defined in the *Canadian Human Rights Act. (CHRA)*

Indicate how the occurrence has caused an impact on your personal and/or professional life? Please describe.

Is a statement with details of this occurrence in your own words attached to the email?

Yes No

Witness Number 1

Witness Name

Witness Email

Witness Number 2

Witness Name

Witness Email

Witness Number 3

Witness Name

Witness Email

Witness Number 4

Witness Name

Witness Email

Section E - Informal Resolution

Have you discussed the occurrence with anyone, including the responding party or your supervisor, in an effort to resolve the issue? If yes, what was the outcome? Please provide as much detail as possible. If "no", indicate "no".

Have you considered or used an informal resolution process? If yes, with whom? (Informal Conflict Management Program (ICMP) practitioner, supervisor/manager, other) Please describe.

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Section F - Signature

Note: Provision of the information requested in this document is voluntary and you may, without prejudice, decline to respond. The information you provide in this document is collected under the authority of the *Royal Canadian Mounted Police Act - Harassment and Violence Prevention, Investigation, and Resolution in the Work Place Policy* and is required for the purpose of capturing information necessary for addressing occurrences of harassment and violence. This information will be used to make decisions on whether or not harassment and violence is occurring, and when this is the case to determine the appropriate corrective measures to be implemented to mitigate the risk of harassment and violence in the workplace, including disciplinary action, to deal with a harassment situation. Personal information is protected under the *Privacy Act* and will be collected for the purposes described in Standard PIB PSE-919, PSE 911 and RCMP PPE 805. Under the *Privacy Act*, you have the right to request access to your personal information, held by a government institution, and to request corrections should you believe the information contains errors or omissions. Personal information that you provide about another individual may be accessible to him or her under the *Privacy Act*.

Please read the following statement carefully:

I certify this notice to be true and correct to the best of my knowledge. I understand if my notice is found to be vexatious or made in bad faith I may be subject to disciplinary or conduct measures. I understand that the occurrence described above may be investigated in accordance with the policy Harassment and Violence Prevention in the Work Place (available at RCMP.CSOHarassment-CCHarcelement.GRC@rcmp-grc.gc.ca).

In order to preserve the integrity of the process and to maintain necessary discretion, I will not discuss this notice with anyone other than those who need to know (e.g. union representative, bargaining agent, manager, harassment advisor, harassment reviewer and labour relations).

I understand that the principal party may request that an investigation take place at any point during the resolution process; once the request is made, the investigation will be carried out to collect facts that will help to identify risk factors that may have contributed to the occurrence and determine all necessary preventative measures to prevent a re-occurrence.

- If the occurrence being investigated is resolved through Negotiated Resolution or Conciliation before the investigator has provided their report, the investigation pertaining to identifying hazards and formulating preventative measures, will be discontinued.
- If the occurrence is investigated while conciliation is ongoing, the occurrence cannot be resolved by conciliation once the investigator has provided their report.

I understand that the Principal Party may end the resolution process at any time by informing the ICHR, in writing, that they choose not to continue with the process. If this is the case, I understand that a work place assessment will still be carried out to identify prevention measures.

If the Notice of Occurrence is forwarded as an electronic submission from the Principal Party's or Witness' email address, it is considered to be signed and a physical signature is therefore not required here.

Signature of Principal Party or Witness

Date (yyyy-mm-dd)

Submission Instructions

The Principal Party (Complainant) must complete all sections of the Notice of Occurrence. Save a copy for your records before sending the Notice of Occurrence to the Independent Centre for Harassment Resolution (ICHR), either by email, mail, courier or by hand. Contact references to the ICHR are listed below.

If this Notice of Occurrence is submitted by your Representative/Bargaining Agent, please include with this notice, written permission allowing the ICHR to correspond with your representative/bargaining agent for the purposes of completing the Notice of Occurrence.

A witness may submit a Notice of Occurrence anonymously. A witness shall provide the name of the Principal Party, if known.

References to the Independent Centre for Harassment Resolution (ICHR)

- Email: ICHR-CIRH@rcmp-grc.gc.ca
- Mail: 73 Leikin Drive, Mailstop 47, Ottawa, ON K1A 0R2
- Telephone: 613-843-3600