

What can Marco do?



Financé par :

Immigration, Réfugiés
et Citoyenneté Canada

Funded by:

Immigration, Refugees
and Citizenship Canada



Financé par :
Immigration, Réfugiés
et Citoyenneté Canada

Funded by:
Immigration, Refugees
and Citizenship Canada

talk to the mean coworkers



talk to the mean coworkers



- If you feel safe and comfortable.



Financé par :

Immigration, Réfugiés
et Citoyenneté Canada

Funded by:

Immigration, Refugees
and Citizenship Canada

talk to a nice coworker



talk to a nice coworker



- Someone you trust.



Financé par :
Immigration, Réfugiés
et Citoyenneté Canada

Funded by:
Immigration, Refugees
and Citizenship Canada

talk to a friend





Financé par :
Immigration, Réfugiés
et Citoyenneté Canada

Funded by:
Immigration, Refugees
and Citizenship Canada

talk to a counsellor





Financé par :
Immigration, Réfugiés
et Citoyenneté Canada

Funded by:
Immigration, Refugees
and Citizenship Canada

quit the job





Financé par :
Immigration, Réfugiés
et Citoyenneté Canada

Funded by:
Immigration, Refugees
and Citizenship Canada

take notes on what happened



take notes on what happened



- Who, when, where.
- If anyone saw it.
- What was said and done.



Financé par :
Immigration, Réfugiés
et Citoyenneté Canada

Funded by:
Immigration, Refugees
and Citizenship Canada

tell the supervisor



tell the supervisor



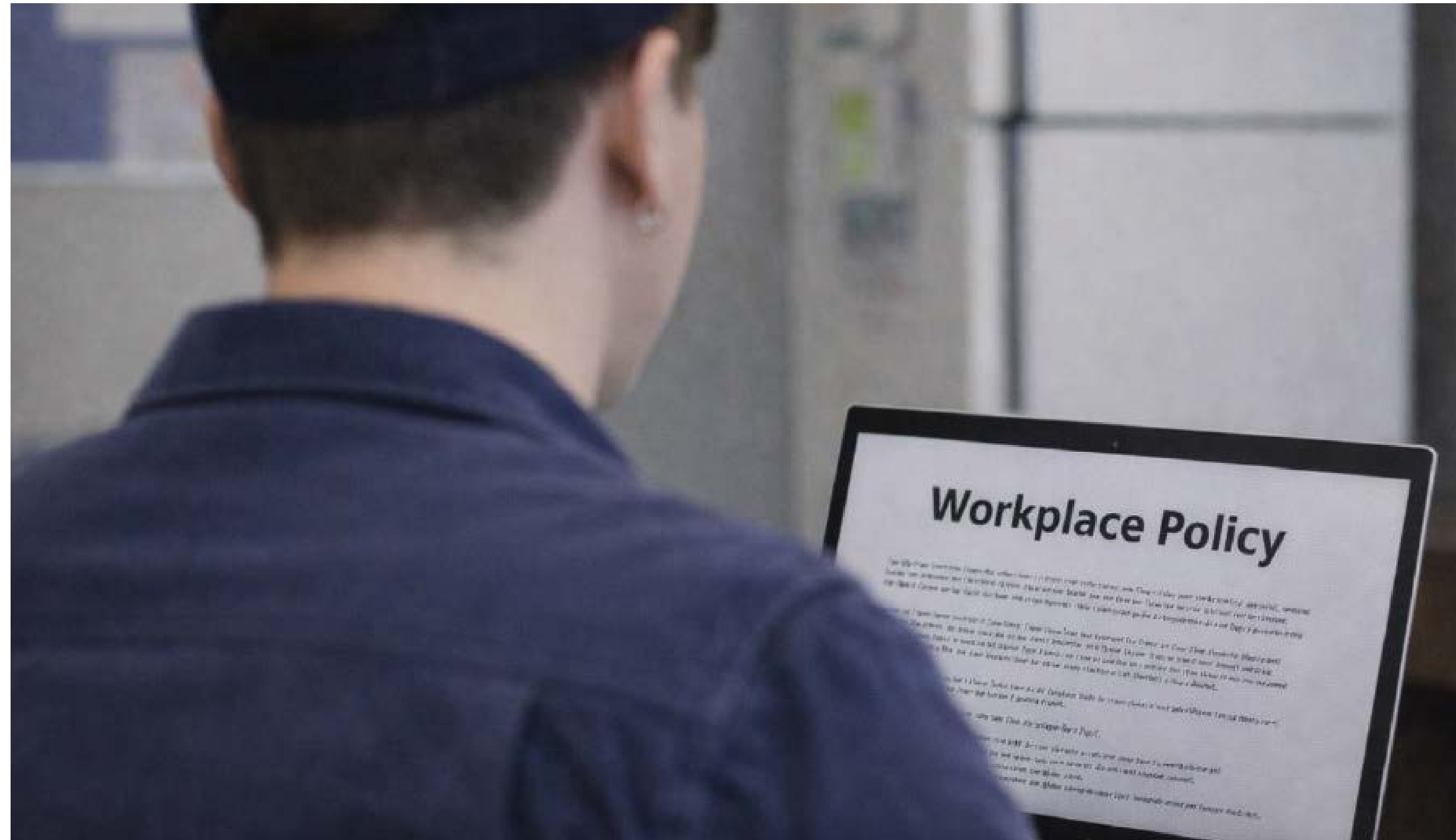
- Bring your notes.



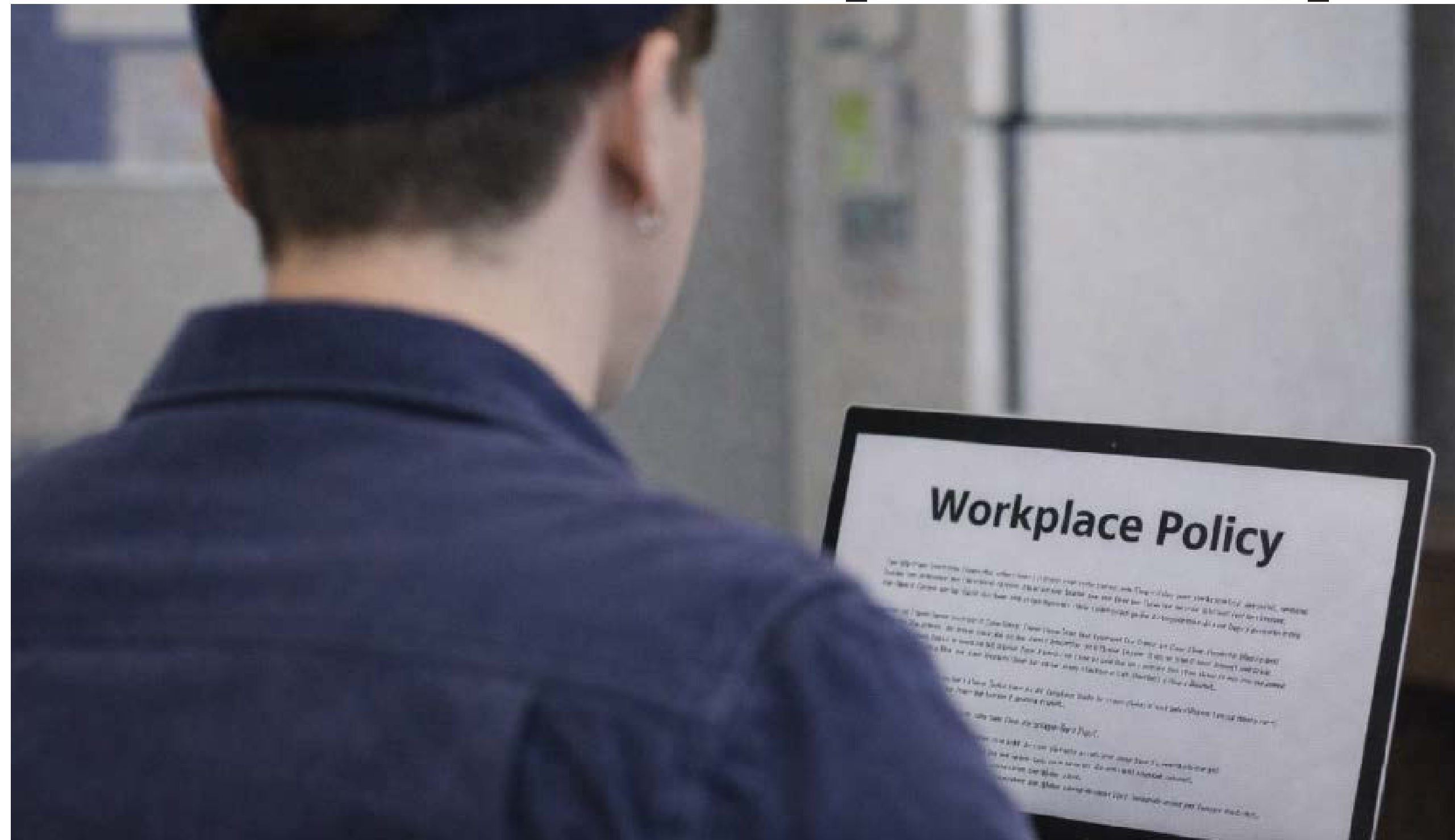
Financé par :
Immigration, Réfugiés
et Citoyenneté Canada

Funded by:
Immigration, Refugees
and Citizenship Canada

read the workplace policy



read the workplace policy



- Every company should have bullying and harassment procedures in its workplace policy.
- Ask a coworker, your supervisor, or HR if you can't find it.



Financé par :
Immigration, Réfugiés
et Citoyenneté Canada

Funded by:
Immigration, Refugees
and Citizenship Canada

tell HR



Financé par :
Immigration, Réfugiés
et Citoyenneté Canada

Funded by:
Immigration, Refugees
and Citizenship Canada

tell HR



- Human Resources Department.
- Bring your notes.



Worker's Report of Injury or Occupational Disease to Employer

RESET

► **Submit directly to employer. Do NOT submit to WorkSafeBC.**

Section 149(4) of the *Workers Compensation Act* requires that, where a worker is fit, and on request of the employer, they must provide the employer with particulars of the injury or occupational disease on a report prescribed by WorkSafeBC and supplied to the worker by the employer. This is the report prescribed.

- If requested by employer, please complete this report as it appears.
- This report should be completed by the injured worker if fit to do so. It can be completed by another individual for signature by the injured worker.
- If you need assistance with completing this form, please call WorkSafeBC Claims Call Centre at 604.231.8888 or toll-free throughout Canada at 1.888.967.5377, Monday to Friday, 8 a.m. to 6 p.m. PST.

Worker's information

WorkSafeBC claim number (if known)				Customer care number (if known)			
X				X			
Worker's last name				First name		Middle initial	
Date of birth (yyyy-mm-dd)		Personal health number (BC Services/CareCard)		Social insurance number			
- -							
Address line 1				Address line 2			
City		Province/State		Country (if not Canada)		Postal code/Zip	
Home phone number (include area code)				Business phone number (include area code)		Business extension	
Occupation						Gender	
						<input type="checkbox"/> Male <input type="checkbox"/> Female	



tell the workplace safety authority



Worker's Report of Injury or Occupational Disease to Employer

RESET

► **Submit directly to employer. Do NOT submit to WorkSafeBC.**

Section 149(4) of the *Workers Compensation Act* requires that, where a worker is fit, and on request of the employer, they must provide the employer with particulars of the injury or occupational disease on a report prescribed by WorkSafeBC and supplied to the worker by the employer. This is the report prescribed.

- If requested by employer, please complete this report as it appears.
- This report should be completed by the injured worker if fit to do so. It can be completed by another individual for signature by the injured worker.
- If you need assistance with completing this form, please call WorkSafeBC Claims Call Centre at 604.231.8888 or toll-free throughout Canada at 1.888.967.5377, Monday to Friday, 8 a.m. to 6 p.m. PST.

Worker's information

WorkSafeBC claim number (if known)		Customer care number (if known)	
X		X	
Worker's last name		First name	Middle initial
Date of birth (yyyy-mm-dd)	Personal health number (BC Services/CareCard)	Social insurance number	
Address line 1		Address line 2	
City	Province/State	Country (if not Canada)	Postal code/Zip
Home phone number (include area code)		Business phone number (include area code)	Business extension
Occupation		Gender	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	



Financé par :

Funded by:



Immigration, Réfugiés et Citoyenneté Canada

Immigration, Refugees and Citizenship Canada

tell the workplace safety authority



Worker's Report of Injury or Occupational Disease to Employer

RESET

► **Submit directly to employer. Do NOT submit to WorkSafeBC.**

Section 149(4) of the *Workers Compensation Act* requires that, where a worker is fit, and on request of the employer, they must provide the employer with particulars of the injury or occupational disease on a report prescribed by WorkSafeBC and supplied to the worker by the employer. This is the report prescribed.

- If requested by employer, please complete this report as it appears.
- This report should be completed by the injured worker if fit to do so. It can be completed by another individual for signature by the injured worker.
- If you need assistance with completing this form, please call WorkSafeBC Claims Call Centre at 604.231.8888 or toll-free throughout Canada at 1.888.967.5377, Monday to Friday, 8 a.m. to 6 p.m. PST.

Worker's information

WorkSafeBC claim number (if known)		Customer care number (if known)	
X		X	
Worker's last name		First name	Middle initial
Date of birth (yyyy-mm-dd)	Personal health number (BC Services/CareCard)	Social insurance number	
Address line 1		Address line 2	
City	Province/State	Country (if not Canada)	Postal code/Zip
Home phone number (include area code)		Business phone number (include area code)	Business extension
Occupation		Gender	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	

- If the employer doesn't solve the problem.
- Every province has a workplace safety authority.
- Report by phone or online.



Financé par :

Immigration, Réfugiés et Citoyenneté Canada

Funded by:

Immigration, Refugees and Citizenship Canada



Financé par :
Immigration, Réfugiés
et Citoyenneté Canada

Funded by:
Immigration, Refugees
and Citizenship Canada

get legal help on human rights



Financé par :

Immigration, Réfugiés
et Citoyenneté Canada

Funded by:

Immigration, Refugees
and Citizenship Canada

get legal help on human rights



- If the employer doesn't solve the problem.
- Every province has a human rights tribunal.
- Report by phone or online.

What can Marco do?



Example for Surrey, BC

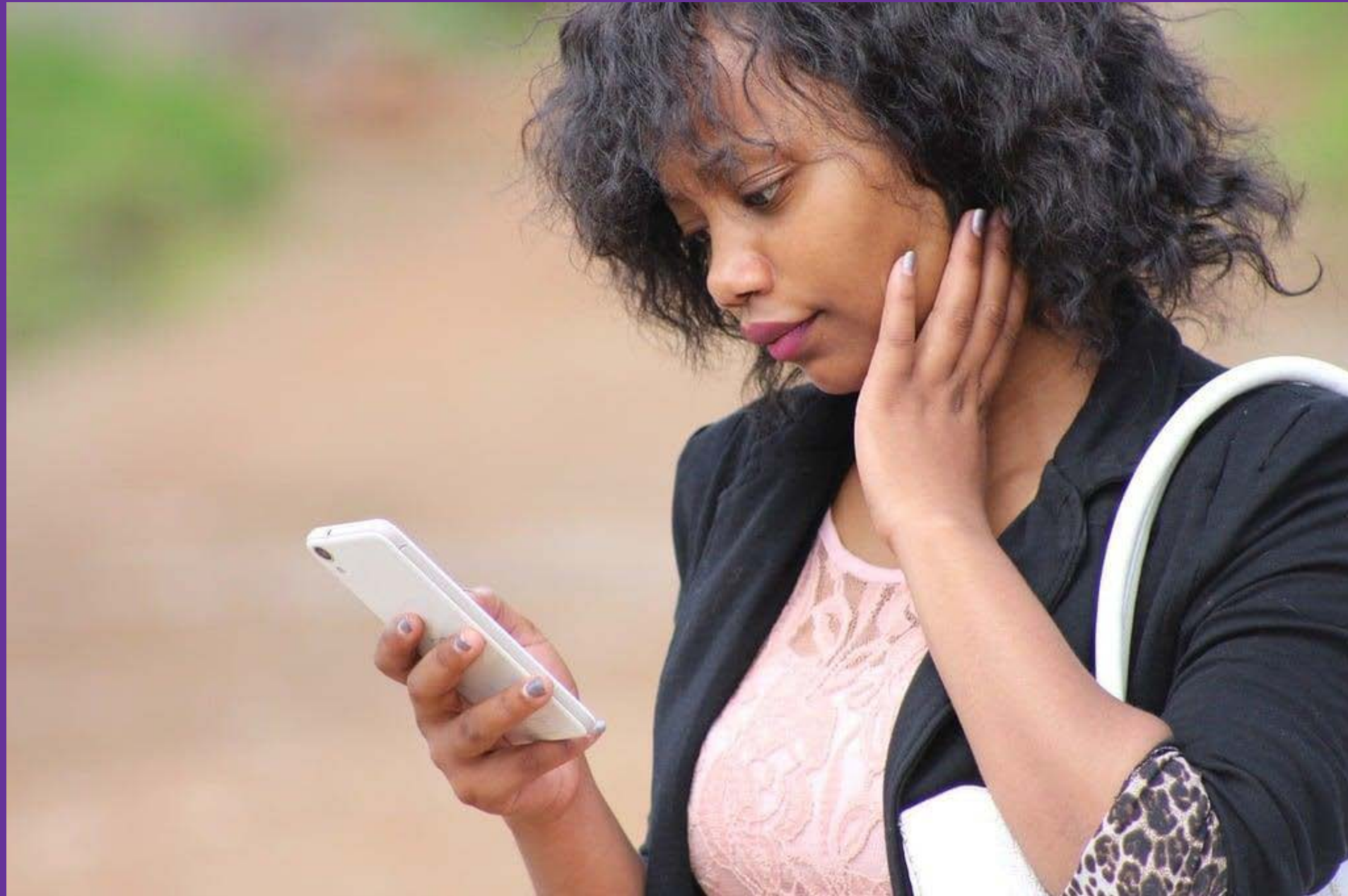


Financé par :

Immigration, Réfugiés
et Citoyenneté Canada

Funded by:

Immigration, Refugees
and Citizenship Canada



talk to a counsellor: phone

VictimLinkBC

- victimlinkbc.ca
- Call/Text: 1-800-563-0808
- Email: 211-victimlinkbc@uwbc.ca
- Translation available.



Worker's Report of Injury or Occupational Disease to Employer

RESET

► **Submit directly to employer. Do NOT submit to WorkSafeBC.**

Section 149(4) of the *Workers Compensation Act* requires that, where a worker is fit, and on request of the employer, they must provide the employer with particulars of the injury or occupational disease on a report prescribed by WorkSafeBC and supplied to the worker by the employer. This is the report prescribed.

- If requested by employer, please complete this report as it appears.
- This report should be completed by the injured worker if fit to do so. It can be completed by another individual for signature by the injured worker.
- If you need assistance with completing this form, please call WorkSafeBC Claims Call Centre at 604.231.8888 or toll-free throughout Canada at 1.888.967.5377, Monday to Friday, 8 a.m. to 6 p.m. PST.

Worker's information

WorkSafeBC claim number (if known)		Customer care number (if known)	
X		X	
Worker's last name		First name	Middle initial
Date of birth (yyyy-mm-dd)		Personal health number (BC Services/CareCard)	Social insurance number
Address line 1		Address line 2	
City	Province/State	Country (if not Canada)	Postal code/Zip
Home phone number (include area code)	Business phone number (include area code)		Business extension
Occupation	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		

tell the workplace safety authority

WorkSafeBC

- worksafebc.com/en/health-safety/hazards-exposures/bullying-harassment
- Phone: 604-276-3100 (Lower Mainland)
- Toll-free: 1-888-621-7233 (1-888-621-SAFE)



Financé par :

Immigration, Réfugiés et Citoyenneté Canada

Funded by:

Immigration, Refugees and Citizenship Canada



get legal help on human rights

BC Human Rights Tribunal

1270 –605 Robson Street, Vancouver

- Phone: 604-775-2000
- Toll free in B.C.: 1-888-440-8844
- Email: BCHumanRightsTribunal@gov.bc.ca
- Monday-Friday, 8:30 am to 4:30 pm