SEXUAL HARASSMENT
COMPLAINT FORM

Name: ____________________________ Date: __________________

Department: ___________________ Job Title: ___________________

Immediate Supervisor: __________________________

Who was responsible for the harassment? ________________________

Describe the sexual harassment. ______________________________________

____________________________________________________________________

____________________________________________________________________

Date, time, and place the harassment occurred. ______________________

____________________________________________________________________

Were there other employees involved with the harassment? ____________

If so, who was responsible and describe their involvement. ______________

____________________________________________________________________

List any witnesses to the harassment: _______________________________

____________________________________________________________________

What was your reaction to the harassment? _________________________

____________________________________________________________________

____________________________________________________________________

Describe any subsequent incidents: _________________________________

____________________________________________________________________

____________________________________________________________________

Signature of Complainant __________________________________________

Adopted 5/10/94