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