

SEXUAL HARASSMENT COMPLAINT FORM

Complainant Information			
Name:			
Home Address:			
Home Phone:			
Job Title:			
Select Preferred Communication Method:			
Work Address:		Work Phone:	
Email:			
Supervisory Information			
Immediate Supervisor's Name:			
Title:			
Work Address:		Work Phone:	
Email			
Has this been reported to your Supervisor?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date Reported:
Complainant Information (cont'd)			
1. Your complaint of Sexual Harassment is made against:			
Name:		Title:	
Work Address:		Work Phone:	
Relationship to you:			
<input type="checkbox"/>	Supervisor		
<input type="checkbox"/>	Subordinate		
<input type="checkbox"/>	Co-Worker		
<input type="checkbox"/>	Other		

SEXUAL HARASSMENT COMPLAINT FORM

2. Please describe the conduct or incident(s) that is the basis of this complaint and your reasons for concluding that the conduct is sexual harassment. Please use additional sheets of paper if necessary and attach any relevant documents or evidence.

3. Date(s) sexual harassment occurred:

Is the sexual harassment continuing?

Yes

No

4. Please list the name(s) and contact information of any witnesses or individuals that may have information related to your complaint

 Signature

 Date Signed