

Complaint Form for Reporting Sexual Harassment

If you believe that you have been subjected to sexual harassment, you are encouraged to complete this form and submit to a supervisor, manger or the Compliance Officer. The form may be delivered in person, or sent electronically.

COMPLAINANT INFORMATION

Name: _____

Home Address: _____

Home Phone: _____

Work Address: _____

Work Phone: _____

Job Title: _____

Selected Preferred Communication Method: _____

SUPERVISORY INFORMATION

Immediate Supervisor's Name: _____

Title: _____

Work Phone: _____

Work Address: _____

1. COMPLAINT INFORMATION

Your complaint of Sexual Harassment is made against:

Name: _____

Title: _____

Work Address: _____

Work Phone: _____

Relationship to you:

- Supervisor
- Subordinate
- Co-Worker
- Other

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

3. Date(s) sexual harassment occurred:

Is this sexual harassment continuing?

Yes

No

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

I request that _____ (name of employer) investigate this complaint of sexual harassment in a timely and confidential manner as outlined below, and advise me of the results of the investigation.

Signature: _____ Date: _____