

Complaint Form For Reporting Harassment

COMPLAINANT INFORMATION Name:_____ Work Address:_____ Contact Number:_____ Select Preferred Communication Method: Email Phone: _____ In Person **SUPERVISORY INFORMATION** Immediate Supervisor's Name:_____ Work Address:_____ Work Phone:____ **COMPLAINANT INFORMATION** 1. Your complaint of Harassment is made about: Name:___ Job Title:______ Work Address:_____ Contact Number:_____ Relationship to You: _____ Supervisor _____ Co-Worker _____ Other 2. Please describe what happened and how it is affecting you and your work. Please use additional sheets of paper if necessary and attach any related documents or evidence.

3. Date(s) Sexual harassment occurred:			
Is the sexual harassment continuing?	Yes	No	
4. Please list the name and contact information of information related to your complaint.	of any witness or individua	ls who may have	
The last question is optional, but may hel	p the investigation.		
5. Have you previously complained or provided in incidents? If yes, when and to who did you comp			
Signature		Date	
Submit to People & Culture Department			
Continued notes if needed			