



Harassment Complaint Form

Complainant Information

Complainant Name	Job Title	Date Submitted
Complainant Phone #	Supervisor Name	Supervisor Phone #

Information about the Alleged Harassment

Date of Incident	Name of Alleged Harasser	Job Title of Alleged Harasser
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Is the harassment a repeat occurrence?
If yes, please provide specific dates of incidents:

Has the Complainant advised the alleged harasser that they do not like the behavior and want it to stop?

If no, please explain why:

If yes, what was the response?

Were there any witness(es) to the alleged harassment?

If yes, please list witness(es) below:

In your own words, describe the conduct, comment, or display you found unacceptable. Give details of the date and location of the incident(s) that is/are the basis of your complaint:

Declaration

I hereby confirm the statement(s) contained in this complaint are true to the best of my knowledge. I understand a copy of this complaint will be provided to the alleged harasser(s) for the purpose of investigating this complaint.

Signature: _____

Date: _____

I acknowledge receipt of this complaint:

Human Resources Signature: _____

Date: _____