

HARASSMENT COMPLAINT FORM

Name of Employee Filing Complaint: _____

Name of Employee Offender: _____

Date(s) Episode(s)/Event(s) Took Place: _____

Names of any Witnesses to Episode/Event: _____

Please Provide a Detailed Description of the Circumstances(s), Event(s), Place(s) and Manner in which you were harassed, offended or otherwise demeaned (please use back of the Form or attachment, if necessary):

In signing below as testimony to the above Statement and Information, I hereby state that the information provided is to the best of my ability true and accurate and made of my own volition:

Signature of Employee

Date