

SEXUAL HARASSMENT FORMAL COMPLAINT FORM

NAME: _____

POSITION OF COMPLAINANT: _____

ADDRESS: _____

PHONE: _____ DATE OF COMPLAINT: _____

NAME OF ALLEGED SEXUAL HARASSER: _____

DATE & PLACE OF INCIDENT: _____

DESCRIPTION OF MISCONDUCT: _____

NAME OF WITNESSES (if any): _____

Has the incident been reported before? YES _____ NO _____ IF YES, WHEN & TO WHOM:

WHAT WAS THE RESOLUTION? _____

REASON FOR DISSATISFACTION: _____

SIGNATURE

COMPLAINT RECEIVED BY: _____ DATE: _____

RESPONSE RECEIVED FROM THE PERSON ACCUSED OF MISCONDUCT:

YES: _____ NO: _____ DATE: _____

Adopted: April 20, 1999

July 1999