

HARASSMENT COMPLAINT FORM
(Employee)

Complainant: _____

Home Address: _____

Home Phone: _____

Work Address: _____

Work Phone: _____

Date(s) and time(s) of alleged incident(s): _____

Name of person you believe harassed you or another person: _____

If the alleged harassment was toward another person, identify that other person: _____

Describe the incident(s) as clearly as possible. Include a full description of the events, and verbal statements (i.e., threats, requests, demands, etc.), and what, if any, physical contact was involved. Attach additional pages as necessary. _____

Where did the incident occur? _____

List any witnesses who were present: _____

How did you or the person harassed (if not you) react to the harassment?

**This complaint is based upon my honest belief that _____
has harassed me or another person. I hereby certify that the information I have provided in
this complaint is true, correct and complete to the best of my knowledge.**

(Complainant's signature)

(Date)

(Received by)

(Date)
