

SEXUAL HARASSMENT COMPLAINT FORM

Date of Report \_\_\_\_\_

Reporting Party Name \_\_\_\_\_

Position or Grade \_\_\_\_\_ Building \_\_\_\_\_

Date and Time of Alleged Harassment \_\_\_\_\_

Location of Alleged Harassment \_\_\_\_\_

Name of Accused (Responding Party) \_\_\_\_\_

Position or Grade \_\_\_\_\_ Building \_\_\_\_\_

Description of the Incident(s) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Witnesses, if any, and Involvement \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Your Reaction \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Signature of Reporting Party \_\_\_\_\_

Revised: January 18, 2018