

SEXUAL HARASSMENT COMPLAINT FORM

Date of Report _____

Employee/Student Name _____

Position or Grade _____ Building _____

Date and Time of Alleged Harassment _____

Location of Alleged Harassment _____

Name of Alleged Harasser _____

Position or Grade _____ Building _____

Description of the Incident(s) _____

Name of Witnesses, if any, and Involvement _____

Your Reaction _____

Signature of Complainant _____

ADMINISTRATIVE FOLLOW-UP

Date of Investigation _____

Investigation Details _____

Action Taken _____

Date of Follow-Up Conference _____

Results of the Conference _____

Date of Final Report _____

Date Copy Sent to Complainant _____

Signature of Grievance Officer _____