



REPORT FORM FOR REPORTS OR COMPLAINTS OF SEXUAL HARASSMENT, AND HARASSMENT BECAUSE OF RACE, NATIONAL ORIGIN, AND DISABILITY

Complainant _____

Home Address _____

Work Address _____

Home Phone _____

Work Phone _____

Date of alleged incident(s) _____

Did the incidents involve: (check all that apply)

Sexual harassment _____ racial harassment _____

Harassment because of national origin _____ harassment because of disability _____

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 as clearly as possible, including such things as what force, if any, was used, any verbal statements (i.e. threats, requests, demands, etc.), what, if any physical contact was involved. Attach additional pages as necessary.

When and where did the incident occur?

List any witnesses who were present:

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)

(Received by)

Date

Date