



Policy 3.26FR  
**LICENSED PERSONNEL SEXUAL HARASSMENT**  
**FORM** Effective: 7/21/2020

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Name of Complainant: \_\_\_\_\_ Current Date: \_\_\_\_\_

Who was responsible for the harassment? \_\_\_\_\_

Describe the sexual harassment: \_\_\_\_\_

Give the date, time and place the harassment occurred: \_\_\_\_\_

Were there others involved with the harassment, if so who and describe their involvement: \_\_\_\_\_

List any witnesses to the harassment: \_\_\_\_\_

What was your reaction to the harassment? \_\_\_\_\_

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Describe any subsequent incidents: \_\_\_\_\_

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Signature of Complainant: \_\_\_\_\_

Name and Title of Receiving: \_\_\_\_\_

Signature of Receiving: \_\_\_\_\_

Name and Title of Witness: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_

\*Letters, or additional information may be attached.

