

Witnesses

Has anyone witnessed the alleged behavior? Yes No

If yes, please list the names and contact information, if known.

Reporter's Remedial Actions

Did you take any action to stop the discrimination/harassment? Yes No

If yes, please summarize the action taken.

How would you like to see the situation resolved?

Additional information or comments:

Signed: _____ Date: _____

Please send all correspondence to me at the following: _____

My preferred numbers for phone contact are: 1. _____ 2. _____

I was assisted in completing this form by: _____

TCA Policy AC-TCA-F1 replaces ASD20 Policy AC-E-2.