

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 _____