

**FORM FOR REPORTS OR COMPLAINTS OF SEXUAL HARASSMENT AND
DISCRIMINATION OR HARASSMENT BASED ON RACE, SEX, AGE, NATIONAL
ORIGIN, ANCESTRY, VETERAN'S STATUS, DISABILITY OR RELIGION**

Complainant

Home Address

Work Address

Home Phone

Work Phone

Date of alleged incident(s)

Did the incident(s) involve the following types of harassment and/or discrimination: racial
sexual harassment age national origin ancestry disability religion veteran's status
(circle all that apply)

Name of person you believe harassed or discriminated against you or another person:

If the alleged harassment or discrimination 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 or discriminated against 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.

(Reporting Party's signature)

(date)

(received by)

(date)