

LEARN SEXUAL HARASSMENT PERSONNEL COMPLAINT FORM

Name of complainant: \_\_\_\_\_ Telephone (work) \_\_\_\_\_  
Home address: \_\_\_\_\_ Telephone (home) \_\_\_\_\_

Department/position of employment: \_\_\_\_\_  
Supervisor: \_\_\_\_\_

Date of incident \_\_\_\_\_ Time of incident \_\_\_\_\_ Date reported \_\_\_\_\_

Location of incident: \_\_\_\_\_

Complaint filed against (name/position): \_\_\_\_\_

Details (description) of complaint:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Witnesses:

Name/Position	Address	Telephone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signatures (Acknowledgement):

Complainant: \_\_\_\_\_ Date: \_\_\_\_\_

Executive Director: \_\_\_\_\_ Date: \_\_\_\_\_