

Harassment Complaint Form

Code No. 410.00C

Name of Complainant: _____

Position of Complainant: _____

Date of Complaint: _____

Name of Alleged Harasser: _____

Date and Place of Incident(s):

Description of misconduct:

Name of witnesses (if any):

Evidence of harassment, i.e., letters, photos, etc. (attach evidence if possible):

Any other information:

I agree that all of the information on this form is accurate and true to the best of my knowledge.

Signature: _____

Date: _____