

SEXUAL HARASSMENT COMPLAINT FORM

Name of complainant: _____

Date of complaint: _____

Name of alleged harasser: _____

Date and place of incident or incidents:

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: _____