

SEXUAL HARASSMENT COMPLAINT FORM

Name of Complainant _____ Date _____

Position of Complainant _____

Date/Time/(s)
Place(s)
of incident(s)

Description of
Misconduct

Witness(s)
(if any)

Evidence of harassment
Letters, photos, etc.
(Attach if possible)

Other
information

I hereby certify the information contained herein is accurate and true to the best of my knowledge:

Signature _____