

HARASSMENT COMPLAINT FORM

Name of complainant:

Position of complainant:

Date of complaint:

Name of alleged harasser:

Date and place of incident(s):

Description of misconduct:

Name(s) of witnesses (if any):

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

Any additional information:

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

Signature: _____ Date:

WITNESS DISCLOSURE FORM

Name of witness:

Position of witness:

Date of testimony, interview:

Description of instance witnessed:

Any additional information:

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

Signature: _____ Date: