

SEXUAL HARASSMENT COMPLAINT FORM

Date of Report _____

Reporting Party Name _____

Position or Grade _____ Building _____

Date and time of Alleged Harassment _____

Location of Alleged Harassment _____

Name of Accused (Responding Party) _____

Position or Grade _____ Building _____

Description of the Incidents(s) _____

Name of Witnesses, if any, and Involvement _____

Your Reaction _____

Signature of Reporting Party _____

ADMINISTRATIVE FOLLOW-UP

Date of Investigation _____

Investigation Details _____

Action Taken _____

Date of Follow-Up Conference _____

Results of the Conference _____

Date of Final Report _____

Date Copy Sent to Complainant _____

Signature of Grievance Officer _____