HARASSMENT COMPLAINT FORM (Employee)

Complainant:	
Home Address:	Home Phone:
Work Address:	Work Phone:
Date(s) and time(s) of alleged incident(s	s):
Name of person you believe harassed yo	ou or another person:
If the alleged harassment was toward another person, identify that other person:	
verbal statements (i.e., threats, request	possible. Include a full description of the events, and s, demands, etc.), and what, if any, physical contact was ecessary.
List any witnesses who were present:	
How did you or the person harassed (if	not you) react to the harassment?
This complaint is based upon my hones	t belief that
this complaint is true, correct and comp	
(Complainant s signature)	(Date)
(Received by)	(Date)

How To File A Workplace Harassment Complaint

Deborah C. England

How To File A Workplace Harassment Complaint:

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