HARASSMENT COMPLAINT FORM

This facility will begin an investigation immediately. We will also do our best to ensure confidentiality for yourself as well as anyone else involved in this situation. Only those individuals who have a business-related need to know will have access to any information.

Employee Name:		**Date:**
Job Title:		
Department:	**Supervisor:**	

Name(s) of Accused:
Job Title(s):
Describe your relationship to Accused:

Name of Witnesses (if any):
Date/Time of Incident(s):
Location of Incident(s):
Describe the Incident(s): ***(Attach additional sheets if necessary)***

I _____ certify that the information I have given on this report is true.

_____

Signature Date