

SEXUAL HARASSMENT FORMAL COMPLAINT FORM – Form 1

(Please print)

Complainant's Name: _____

Complainant's Position:

I. FACTS OF INCIDENT

Name(s) of Alleged Harasser(s) if Known: _____

Date(s) & Place(s) of
Incident: _____ Description of
Harassment Conduct: _____

Witness(es) Name(s), If Known:

II. PRIOR REPORTING OF INCIDENT

Has the incident been reported before? ____ Yes ____ No

If "Yes," then when? _____ To whom? _____

What was the resolution? _____
Reason(s) for
dissatisfaction: _____

Complainant's Signature _____
Date _____

SEXUAL HARASSMENT COMPLAINT APPEAL FORM – Form 2
(Please Print)

Name of Complainant: _____

Position of Complainant:

Date of Original Complaint: _____

Have you ever appealed this complaint before? YES ____ NO ____

If "Yes," When?

To Whom? _____

What was the decision that you are appealing here?

Why is that decision being appealed?

Complainant's Signature _____

Date _____