

SEXUAL HARASSMENT FORMAL COMPLAINT FORM – Form 1

Name & Position of Complainant: _____

Name of Alleged Sexual Harasser: _____

Place of Incident: _____

Date of Incident: _____

Description of Misconduct: _____

Names of Witnesses (if any): _____

Has the incident been reported before? YES _____ NO _____

If "Yes," When? _____

To Whom? _____

What was the outcome of the report you made? _____

Why are you dissatisfied with that outcome? _____

Complainant's Signature

Date

SEXUAL HARASSMENT COMPLAINT APPEAL FORM – Form 2

Name & 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? _____

Signature of Complainant

Date