

HARASSMENT/DISCRIMINATION/RETALIATION COMPLAINT FORM

Name of Complainant: _____ Date: _____

Date of Incident: _____ Time: _____

Location of Incident: _____

Name of Witnesses to the Incident [Include email / telephone number if known]: _____

Details of the Incident [Attach additional pages if necessary]: _____

Have you reported this or similar behavior before [If so, please indicate to whom and date reported]?

Have you discussed this complaint with anyone else [If so, please indicate to whom and date discussed]?

Do you know of any documents that may be relevant to this matter [Please attach]?

How would you like this matter resolved? _____

The foregoing information is true and correct to the best of my knowledge.

Signature: _____ Date: _____

Intake Signature: _____ Date: _____