

Sexual Harassment Complaint

Employee Name				
Department			Title	
Age		Sex		

Date of Incident		Time of Incident	
Person(s) you allege committed the sexual harassment:			
Name		Position/Title	

Please describe the incident in detail, including your reaction to incident:

Person(s) who witnessed the incident, if any:	

Additional Notes:	

I understand that this matter will need to be investigated, but that all the information will be kept confidential to the extent that it is possible.

Date

Employee Signature

Date

Supervisor Signature