



Report Form for Reports or Complaints of Harassment

This form is to be used in compliance with the Reports or Complaints of Sexual Harassment, or Harassment Because of Race, National Origin, or Disability found in the Faculty and Staff Handbook.

Complainant:

Home Address:

Home Phone:

Date of alleged incident(s):

Did the incidents involve:

Sexual Harassment

Racial Harassment

National Origin Harassment

Disability Harassment

Name of person(s) you believe harassed or was violent toward you or another person

If the alleged harassment or violence was toward another person identify that person:

Where and when did the incident(s) occur?

Describe the incident(s) as clearly as possible, including such things as: what force, if any, was used, any verbal statements (i.e. threats, requests, demands, etc.); what, if any, physical contact was involved, etc. (Attach additional pages if necessary).

List any witnesses who were present:

Complainant Signature: *By signing below, I certify that this complaint is filed based on my honest belief that the above mentioned person(s) has harassed or has been violent to me or to another person. I hereby certify that the information I have provided in this complaint is true, correct and complete to the best of my knowledge and belief.*

Complainant Signature

Date