



EEO/Affirmative Action Office
Human Resources Department
UNC Asheville,
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One University Heights
Asheville, North Carolina 28804-8503

T 828 | 251-6605
F 828 | 251-6385

UNLAWFUL WORKPLACE HARASSMENT COMPLAINT FORM

Date: _____

Employee Name: _____

Department: _____

Location/Building: _____

Name of your supervisor: _____

INDIVIDUAL(S) WHO ALLEGEDLY COMMITTED ACT OF HARASSMENT AGAINST YOU:

Name: _____ Title: _____ Department/Unit: _____

Name: _____ Title: _____ Department/Unit: _____

Name: _____ Title: _____ Department/Unit: _____

Name: _____ Title: _____ Department/Unit: _____

INDICATE THE DATES AND THE NATURE OF THE COMPLAINT OF CONDUCT ALLEGEDLY COMMITTED BY EACH IDENTIFIED INDIVIDUAL: (If more space is needed, attach additional sheet)

Multiple horizontal lines for providing details of the complaint.

PLEASE IDENTIFY ALL EMPLOYEES OR OTHERS WHO WITNESSED AND/OR HAVE ANY KNOWLEDGE OF THE COMPLAINT OF CONDUCT, DESCRIBING WHAT WAS WITNESSED AND/OR THE NATURE OF SUCH KNOWLEDGE:

PLEASE ANSWER THE FOLLOWING QUESTIONS:

YES

NO

Are there any documents supporting your complaint?

Is there any physical evidence which supports your complaint?

Have you missed any work time as a result of this incident:

Have you previously complained about this or related incidents to a university supervisor or administrator?

If you answered yes, please identify the person(s) to whom you complained, the date(s) and place:

What is your requested remedy to this complaint?

(Print your name)

(Signature)

(Date)

PERSONAL & CONFIDENTIAL CONTACT INFORMATION

Your Name: _____

Home Telephone Number: (____) _____ - _____

Work Telephone Number: (____) _____ - _____

Cell Phone Number: (____) _____ - _____

Email Address: _____

Home Address: _____
