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)

_______________________________________________________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________
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:

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: ______________________________________

__________________________________