



Combat Harassment Complaint Form

Complainant Information

Name: _____

Work Address: _____

Work Phone: _____

Job Title: _____

Email: _____

Select Preferred Communication Method: Email Phone In person

Supervisory Information

Immediate Supervisor's

Name: _____

Title: _____

Work Address: _____

Work Phone: _____

Complaint Information

Type of Complaint: Harassment Sexual Harassment Discrimination Retaliation

1. Your complaint of is made about:

Name: _____

Title: _____

Work Address: _____

Work Phone: _____

Relationship to you: Supervisor Subordinate Co-Worker

2. Please describe what happened and how it is affecting you and your work. Please use additional sheets of paper if necessary and attach any relevant documents or evidence.



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3. Date(s) occurred: _____

Is the behavior continuing? Yes No

4. Please list the name and contact information of any witnesses or individuals who may have information related to your complaint:

The last question is optional, but may help the investigation.

5. Have you previously complained or provided information (verbal or written) about related incidents?

If yes, when and to whom did you complain or provide information?

If you have retained legal counsel and would like us to work with them, please provide their contact information.

Name: _____

Company: _____

Work Phone: _____

Date

Signature