

Complaint and Harassment Report Form

This Complaint and Harassment Report Form is confidential and will be kept in an investigation file only. Access will be limited to the Director, an immediate Supervisor (if necessary), the Human Resources Manager and those individuals involved in the investigation as determined by Director or Deputy Director.

COMPLAINT Please print or write neatly. Attach additional sheets if necessary.

Complainant's name	Date of incident	Location of incident
Name(s) of alleged offender(s)		
Name(s) of witness(es)		

State your complaint briefly:

Describe what happened in detail. Include what was said, done, etc. (Attached additional sheets if necessary)

Date

Complainant's signature

Place completed Complaint in an envelope marked "CONFIDENTIAL" and forward to: Employee's immediate supervisor or that person's immediate supervisor AND person in charge of Personnel Files.

To be completed by person in charge of Personnel Files

Date complaint received	Date investigation file opened	Date investigation started	Date investigation closed
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