

SEXUAL DISCRIMINATION/HARASSMENT COMPLAINT FORM

Name of complainant: _____

Date of complaint: _____

Name of person alleged to have discriminated or engaged in harassment:

Date and place of incident or incidents: _____

Description of misconduct:

Name of witnesses (if any):

Evidence of harassment, i.e., letters, photos, etc. (attach evidence if possible):

Any other information: _____

I agree that all of the information on this form is accurate and true to the best of my knowledge.

Signature: _____

Date: _____

First Reading: 9-14-20

Second Reading: 10-5-20