

HARASSMENT COMPLAINT FORM

If you believe that you have been subjected to conduct in violation of The Society's Policy, you are encouraged to complete this form and submit it to the Human Resources Director. If you are more comfortable reporting verbally or in another manner, you may do so and can follow the guidelines set forth in our policy. You will not be retaliated against for filing a complaint. Once a complaint is received, The Society will follow the investigation process described in our policy.

General Information

Your Name / Job Title:

Your Department / Supervisor:

Preferred Communication Method (if via e-mail or phone, please provide contact info):

Complaint Information

1. Please tell us who you believe has violated our Policy. What is their relationship to you (e.g., Supervisor, Subordinate, Co-Worker, Other):

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.

3. Please provide specific date(s) the alleged misconduct occurred. Additionally, please advise if the alleged misconduct is continuing?

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

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?

Signature: _____ Date: _____