

Complaint form for Sexual Harassment in the Workplace

If you believe that you have been subjected to sexual harassment, you are encouraged to complete this form and submit it to the Civil Rights Compliance Officer (CRCO) and Human Resources Director. You will not be retaliated against for filing a complaint. Questions regarding the completion or submission of this form can be directed to the District's CRCO, Human Resources Director and/or a trusted staff member with whom you feel comfortable.

If you are more comfortable reporting verbally or in another manner, the person to whom you report the sexual harassment should complete this form on your behalf.

COMPLAINANT INFORMATION

Name: _____

Work Location: _____ Job Title: _____

Work Phone or Extension: _____ Work Email: _____

Selected Preferred Communication Method: Email Phone In person

COMPLAINT INFORMATION

1. Your complaint of Sexual Harassment is made about:

Name: _____

Work Location: _____ Job Title: _____

Work Phone or Extension: _____ Work Email: _____

Relationship to you: 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. Date(s) sexual harassment occurred: _____

Is the sexual harassment continuing? Yes No

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Personnel

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: _____