

**SAMPLE
SEXUAL HARASSMENT COMPLAINT FORM**

NAME: _____

ID #: _____

DEPARTMENT: _____

JOB TITLE: _____

TIME PERIOD COVERED BY COMPLAINT: _____

INDIVIDUALS WHO ALLEGEDLY COMMITTED HARASSMENT: (LIST BELOW)

NAME	JOB TITLE	DEPARMENT

DESCRIBE THE DATES AND THE NATURE F THE HARASSMENT ALLEGEDLY COMMITTED BY EACH IDENTIFIED INDIVIDUAL

IDENTIFY ALL EMPLOYEES OR OTHERS WITH KNOWLEDGE OF THE COMPLAINED OF CONDUCT

ARE THERE ANY DOCUMENTS WHICH CONTAIN INFORMATION SUPPORTING THE OCCURRENCES DESCRIBED ABOVE

IS THERE ANY PHYSICAL EVIDENCE WHICH SUPPORTS YOUR COMPLAINT? IF SO PLEASE DESCRIBE.

HAVE YOU MISSED ANY WORK TIME AS THE RESULT OF THE ALLEGED HARASSMENT? IF "YES", IDENTIFY THE OCCASIONS

HAVE YOU INCURRED ANY UNREIMBURSED MEDICAL EXPENSES AS THE RESULT OF THE ALLEGED HARASSMENT?

IF YOU PREVIOUSLY COMPLAINED ABOUT THIS OR RELATED ACTS OF SEXUAL HARASSMENT TO A COMPANY SUPERVISOR OR OFFICIAL PLEASE IDENTIFY THE INDIVIDUAL TO WHOM YOU COMPLAINED, THE DATE OF THE COMPLAINT AND THE RESOLUTION OF YOUR COMPLAINT.

WHAT IS YOUR REQUESTED REMEDY IN THIS COMPLAINT?

ACKNOWLEDGMENTS

THE INFORMATION PROVIDED HEREIN IS TRUE AND CORRECT.

BY: _____
DATE _____

IN ORDER TO INVESTIGATE YOUR COMPLAINT, IT WILL BE NECESSARY TO INTERVIEW YOU, THE ALLEGED HARASSER(S), AND ANY WITNESS WITH KNOWLEDGE OF THE ALLEGATIONS OR DEFENSES. THE COUNTY WILL NOTIFY ALL PERSONS INVOLVED IN THE INVESTIGATION THAT IT IS CONFIDENTIAL AND THAT UNAUTHORIZED DISCLOSURES OF INFORMATION CONCERNING THE INVESTIGATION COULD RESULT IN DISCIPLINARY ACTION UP TO AN INCLUDING DISCHARGE.

I AM WILLING TO COOPERATE FULLY IN THE INVESTIGATION OF MY COMPLAINT AND TO PROVIDE WHATEVER EVIDENCE THE COUNTY DEEMS RELEVANT.

BY: _____
DATE: _____