EMPLOYEE/STUDENT COMPLAINT FORM
(To Be Completed by Employee/Student)

Complaint being filed: □ Discrimination □ Harassment □ Hostile Environment

Sexual □ Yes □ No

Complainant’s Name: ______________________________ Date ________________

Supervisor: ___________________________________________________________________

Incident Reported to: ___________________________________________________________________

Time period covered by this complaint: ___________________________________________________________________

Who do you believe has harassed you? ________________________________________________

(If more than one person, please list all)

What happened? (Please be as specific as possible. Include dates, if possible. If you need more space, feel free to continue on the back of this page)

___________________________________________________________________________________________

___________________________________________________________________________________________

___________________________________________________________________________________________

___________________________________________________________________________________________

___________________________________

Did anyone else see what happened? If yes, who? ___________________________________________________________________

___________________________________________________________________________________________

In addition to the above people, is there anyone else you think would be able to help us determine whether the incident occurred?

___________________________________________________________________________________________

___________________________________________________________________________________________

Have you reported this/these incident(s) before? ___ Yes ___ No If yes, to whom?

___________________________________________________________________________________________

Are there any documents or other evidence that supports the occurrence described above?

___________________________________________________________________________________________

Updated 10/17/13
If you have previously complained about this, please identify the individual to whom you complained, the date of the complaint, and any action taken.

____________________________________________________________________________
____________________________________________________________________________

Have you missed any time from work or incurred any unreimbursed medical expenses as a result of the alleged act? ___ Yes ___ No

Are you afraid that someone may retaliate against you because you filed this complaint? ___ Yes ___ No

If so, please identify the person(s) and indicate the reasons you feel the person(s) may retaliate against you____________________________________________________________________

If our investigation verifies that the grievance is justified, what is your requested remedy for this complaint?
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

___________________________________

Have the harassment procedure and investigative process been explained to you? __Yes __No

BY: _____________________________      Date: _______________________

ACKNOWLEDGEMENT

The information provided is true and correct to the best of my knowledge.

BY: _____________________________      Date: _______________________

To investigate your complaint, it will be necessary to interview you, the accused party, and any witnesses with knowledge of the allegations or defenses. All persons involved in the investigation will be notified that (1) the complaint is confidential, (2) that any unauthorized disclosures of information concerning the investigation or retaliation could result in disciplinary action up to and including discharge.

I am willing to cooperate fully in the investigation of my complaint and to provide whatever evidence is deemed relevant.

BY: _____________________________      Date: _______________________

Received By: _________________________      Date: _______________________

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