

Report of a Hostile Work Environment

To report a hostile work environment, please complete this form and submit a copy to Leo R. Blatz, Chief Executive Officer. You will not be retaliated against for filing a complaint.

COMPLAINANT INFORMATION
Name: _____ Job Title: _____ Phone: _____ Email: _____ Work Address: _____ Preferred Communication Method: <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> In Person
SUPERVISORY INFORMATION
Supervisor's Name: _____ Title: _____ Phone: _____ Email: _____ Work Address: _____
COMPLAINT
Date and Time of Incident(s): _____ Location of Incident(s): _____ Is the hostile work environment continuing? <input type="checkbox"/> Yes <input type="checkbox"/> No
Individuals Involved and Witnesses Please list the name and contact information of any individuals involved and any witnesses who may have information related to your complaint:

Description of Incident

Provide a detailed account of the incident, including actions, words, gestures, and the impact on you and/or the targeted individual. Be sure to include any negative impacts the conduct had/has on your work performance.

Actions Taken

Have you reported this incident to anyone else? Yes No
If yes, please provide details:

What steps, if any, have you taken to address this incident?

Please utilize the area below or attach supplemental pages if more space is needed to complete this form:

Signature:

Date: