

Sexual Harassment Complaint Form

If you believe that you have been subjected to sexual harassment, please complete this form, and submit it 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
1. Your complaint of Sexual Harassment is made about: Name: _____ Title: _____ Work Address: _____ Work Phone: _____ Relationship to you: <input type="checkbox"/> Supervisor <input type="checkbox"/> Subordinate <input type="checkbox"/> Co-Worker <input type="checkbox"/> Other
2. Please describe what happened and how it is affecting you and your work. Please use additional space at end of this complaint form if necessary and attach any relevant documents or evidence.

3. Date(s) sexual harassment occurred: _____
Is the sexual harassment continuing? Yes No

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?

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

Signature:

Date: