

General Personnel

Exhibit – Sexual Harassment Complaint Form

Name of Complainant: _____

Position of Complainant: _____

Date of Complaint _____

Name of alleged harasser: _____

Date and Place of
Incident or Incidents: _____

Description of Misconduct: _____

Name of Witnesses: _____

Evidence of Harassment,
i.e., letters, photos: _____

Any other information: _____

I agree that all the information on this form is accurate and true to the best of my knowledge:

Signature: _____

Date: _____

Adopted: 9/14/93
Revised: 9/26/95, 2/11/97
Reviewed: 2/10/98, 7/27/99, 6/11/02, 9/11/07