



SEXUAL HARASSMENT INCIDENT REPORT/COMPLAINT FORM

Instructions: Complete form and submit to the Director of Human Resources and/or Title IX Coordinator.

The information provided on this form will assist in the investigation of a complaint of sexual harassment. Please feel free to attach as many additional sheets of information as necessary.

The person alleging harassment will be called the "Complainant", and the person against whom the complaint is made will be called the "Respondent". This form may be used to report an incident or to file a formal complaint.

Reporting Person

Name _____

Department _____

Name of Complainant (if other than above) _____

Respondent

Name _____

Department _____

Statement of events provided by Complainant or Reporting Person

Please provide a detailed statement of the incident, including dates, places, and names of witnesses. Please attach additional sheets as needed.

Signature of Reporting Person _____ Date _____

Signature of Complainant* _____ Date _____

*signature not required