

**SEXUAL AND OTHER PROHIBITED FORMS OF HARASSMENT COMPLIANT  
FORM**

Name and position of complainant: \_\_\_\_\_

Date of complaint: \_\_\_\_\_

Name of alleged harasser: \_\_\_\_\_

Date and place of incident: \_\_\_\_\_

Description of misconduct: \_\_\_\_\_

Name of witnesses (if any): \_\_\_\_\_

Has the incident been reported before? \_\_\_\_\_ If yes, when? \_\_\_\_\_

To Whom? \_\_\_\_\_

What was the resolution? \_\_\_\_\_

Reason for dissatisfaction: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Date

## **SEXUAL AND OTHER PROHIBITED FORMS OF HARASSMENT APPEAL FORM**

Name and position of complainant: \_\_\_\_\_

Date of appeal: \_\_\_\_\_

Date of original complaint: \_\_\_\_\_

Have there been prior appeals? \_\_\_\_\_

Description of decision being appealed? \_\_\_\_\_

Why is the decision being appealed? \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date