

**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