

Formal Harassment Complaint Form

1. Complainant Information:

Name: _____ Phone Number: _____

Job Title: _____

Supervisor's Name: _____ Phone Number: _____

2. Witness Information

List names of possible witnesses. Attach additional page if required.

Name	Position	Contact Phone Number

3. Information about the individual(s) you feel has/have harassed you:

Name of person(s) against whom this complaint is made:

Date of incident (dd/mm/yyyy):

4. In your opinion, is the harassment based on any of the following? Circle the items that apply to your situation.

Sexual Orientation

Religion

Sex

Nationality

Disability

Age

Place of Origin

Family Status

Creed

Physical Weight/Height

Color

Race

Marital Status

Ancestry

None of the Above

- 5. If not based on any of the above grounds, is the harassment based on either of the following:**
- a) Repeated incidents that have caused you to be humiliated or intimidated. Yes No
 OR
- b) A single serious incident that has had a lasting harmful effect on you. Yes No
- 6. In your own words, describe the conduct, comments or display you found objectionable. Give details of date and location of the incident(s) that is/are the basis of your complaint. Attach additional page/document if required.**

- 7. What type of resolution do you seek? (e.g., supervisor to direct or counsel person to correct conduct; facilitated meeting with alleged harasser; apology; workshops or training sessions; mediations; or other.) Attach additional page/document if required.**

8. Declaration

I hereby confirm the statement(s) contained in this complaint are true to the best of my knowledge. I understand a copy of this complaint will be provided to the alleged harasser for the purpose of investigating this complaint.

Signature: _____ Date (dd/mm/yyyy): _____

I acknowledge receipt of this complaint.

Supervisor's Signature: _____ Date (dd/mm/yyyy): _____