

**HARASSMENT GRIEVANCE FORM**  
(To be used by designated contact person)

Name of Complainant \_\_\_\_\_

Address of Complainant \_\_\_\_\_

Date of Complaint \_\_\_\_\_

Date and Place of Incident(s) \_\_\_\_\_

Type of Harassment \_\_\_\_\_

Description of the Incident(s) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Witnesses \_\_\_\_\_

What action, if any, has been taken \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other Comments or Information \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Signature (optional) \_\_\_\_\_ Date \_\_\_\_\_