



Unlawful Workplace Harassment Form

This form must be completed and signed by the complainant and turned into their supervisor, department head, or Human Resources Director. If the supervisor or department head receives the complaint, it must be forwarded to the Human Resources Director within three (3) days of completion of this form.

Please print legibly, provide all the information requested below, attach all pertinent documents and statements in support of your complaint, and sign upon completion.

Date: _____

Employee Name: _____

Department: _____

Job Title: _____

Name of your supervisor: _____

COMPLAINT INFORMATION

1. Individual(s) who allegedly committed act of harassment against you:

Name: _____ Title: _____ Department: _____

Name: _____ Title: _____ Department: _____

Name: _____ Title: _____ Department: _____

2. Date(s) and Location(s) of alleged harassment:

Date(s)	Location(s)

3. Please describe in detail the alleged harassment committed by each identified individual: *(if more space is necessary, attach additional sheets)*

4. Please identify all employees or others who witnessed and/or have any knowledge of the alleged harassment, describing what was witnessed and/or the nature of such knowledge:

5. Please Answer the Following Questions:

	Yes	No
i. Are there any documents supporting your complaint? <i>(if yes, please attach to this form)</i>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Is there any physical evidence which supports your claim? <i>(If yes, please describe):</i>	<input type="checkbox"/>	<input type="checkbox"/>
iii. Have you missed any work time as a result of this incident?	<input type="checkbox"/>	<input type="checkbox"/>
iv. Is the alleged harassment continuing?	<input type="checkbox"/>	<input type="checkbox"/>
v. Have you previously complained about this or related incidents to your supervisor, department head, or any other County employee? <i>(if yes, answer the next question)</i>	<input type="checkbox"/>	<input type="checkbox"/>
vi. Please identify the person(s) to whom you complained, date(s), and nature of complaint:		

6. What action do you believe is necessary to prevent the alleged incident from occurring in the future?

The information provided in this complaint is true and correct to the best of my knowledge. I am willing to cooperate fully in the investigation of my complaint and provide whatever evidence the County deems relevant.

Signature

Print Name

Date