

TOOLKIT RESOURCE #19

Sample Harassment Complaint Form

PART I

Complainant's Name: _____

Address: _____

Telephone Number: _____

Department: _____

Position/Job Title: _____

Name of Immediate Supervisor: _____

PART 2

Describe the nature of harassment:

Person who was responsible for the harassment:

Name: _____

Position: _____

Supervisor: _____

Supervisor Co-worker Customer/Client Other

Date and Time of the Incident: _____

Did it occur more than once? Yes No

Did it occur during your working hours? Yes No

When did it start? _____

When did it stop? _____

Is it still going on? Yes No

Location of Incident:

Was it at the workplace? Yes No

Was it off of the premises? Yes No

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Welcoming
Workplaces

Describe the circumstances in which the incident took place:

What was your reaction?

How did you feel?

Did you do anything to talk to anyone after the incident? Give details:

Part 3

Describe the incident:

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Was it the first and only incident? Yes No

If not, list all previous incidents including time, place and nature of the events:

List Witnesses to the Harassment:

(1) Name: _____	(2) Name: _____
Department: _____	Department: _____
Home Phone: _____	Home Phone: _____

I understand that the incident(s) described above will be investigated, I will be given an opportunity to explain further, and I will be informed of the results of the investigation.

Complainant's Signature: _____ Date: _____

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Matter was referred to investigation on _____ (Date)

Investigation was completed on _____ (Date)

Final report was produced on _____ (Date)

Complaint was: established not established

Parties were informed of outcome on _____ (Date)

Action taken:

[Note: Make the complaint form part of your sexual harassment policy. Consult with your lawyer to ensure that the complaint form is suitable to your organizational needs and meets with the legal requirements of your province or state.]