

Discrimination, Harassment, Sexual Misconduct Complaint Form

COMPLAINANT:

Name: _____

Address: _____

Work Telephone: _____ Personal Telephone: _____

Preferred Email Address: _____

NATURE OF COMPLAINT:

Discrimination ____ Harassment ____ Sexual Misconduct ____ Other ____

If other, please explain:

PERSON/GROUP WHOM COMPLAINT IS BE MADE AGAINST:

Name: _____

Position: _____

DESCRIPTION OF COMPLAINT:

Describe the complaint in detail. Provided dates(s), times(s), and place(s) the incident(s) occurred. Additional pages of description may be attached to this form.

Attachments: Y / N

PREVIOUS ACTIONS:

Have you brought this matter to the attention to anyone else at Webb Institute? Please provide the names of anyone that you discussed this matter with. To your knowledge, what actions if any were taken?

COMPLAINT DOCUMENTATION:

Describe any documentation being submitted to support your complaint.

Attachments: Y / N

WITNESSES:

Name	Title/Relationship	Contact Info

CORRECTIVE ACTION SOUGHT:

Attachments: Y / N

DECLARATION:

I declare that the foregoing is true and correct.

Signature

Print Name

Date

RECORDER:

To be completed if form completed by a party other than the complainant.

Signature

Print Name

Date