

REPORT OF HARASSMENT

This form is to be used by any employee or student who has either observed or been subject to harassment. To ensure full investigation, the form should be completed as accurately as possible. An investigation may require the complainant to be interviewed.

**(Please Print)**

Date: \_\_\_\_\_

Name of complainant making a charge of harassment: \_\_\_\_\_

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

Telephone # \_\_\_\_\_ Position or Grade \_\_\_\_\_

Names of individuals involved in the harassment. Indicate whether they are students of employees.

\_\_\_\_\_  
\_\_\_\_\_

Give a description of the harassment in your own words:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of any witnesses indicating whether they are employees or students:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Signature of the Person Making the Report

\_\_\_\_\_ Signature or the Person Receiving the Report

6/06