

COMPLAINTS OF SEXUAL HARASSMENT

NAME OF HARASSED EMPLOYEE

DEPARTMENT.....

EMP #.....

NAME OF HARASSER.....

DEPARTMENT.....

EMP #.....

NATURE OF HARASSMENT

- VERBAL VISUAL/ PHYSICAL /OTHERS
- VISUAL
- PHYSICAL
- OTHER

EXACT INCIDENCE REPORT (GIVE DATE TIME PLACE, AND WITNESSES ETC)

SIGNATURE: -----

EMPLOYEE-----

DATE: -----

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COMMENTS OF THE LEADER OF HARASSED EMPLOYEE

COMMENTS AND RECOMMENDATIONS OF HARASSERS LEADER

FINDINGS OF THE INTERNAL COMPLAINT COMMITTEE:
