

# Sexual Harassment Reporting Form

Employee Name

Job Title

Name of Immediate Supervisor

## STATEMENT OF COMPLAINT

Name(s) of Person(s) Accused of Wrongdoing

Description of Incident (including all actions and statements of all persons involved)

Action Requested

Action Taken

Date and Time

Information Obtained:  in person  by phone

Interview Scheduled For

Signature of Human Resources Supervisor

Date