

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