



Complaint Form for Reporting Sexual Harassment

If you believe that you have been subjected to sexual harassment, you are encouraged to complete this form and submit it to your supervisor, your supervisor's manager, or Human Resources (whomever you feel most comfortable reporting it to). You will not be retaliated against for filing a complaint in good faith.

If you are more comfortable reporting verbally or in another manner, your employer should complete this form, provide you with a copy and follow its sexual harassment prevention policy by investigating the claims as outlined in the Alacrity Employee Handbook.

For additional resources, visit: Alacrity Employee Handbook policy 2.5 Policies Against Discrimination & Harassment

COMPLAINANT INFORMATION

Name:

Work Address:

Work Phone:

Job Title:

Email:

Select Preferred Communication Method:

Email Phone In person

SUPERVISORY INFORMATION

Immediate Supervisor's Name:

Title:

Work Phone:

Work Address:

COMPLAINT INFORMATION

1. Your complaint is made about: Name: _____ Title: _____
Work Address: _____ Work Phone: _____
Relationship to you: Supervisor Subordinate Co-Worker Other
2. Please describe what happened and how it is affecting you and your work. Please use additional sheets of paper if necessary and attach any relevant documents or evidence.
3. Date(s) conduct occurred: _____
Is the conduct continuing? Yes No
4. Please list the name and contact information of any witnesses or individuals who may have information related to your complaint:

The last question is optional, but may help the investigation.

5. Have you previously complained or provided information (verbal or written) about related incidents? If yes, when and to whom did you complain or provide information?

If you have retained legal counsel and would like us to work with them, please provide their contact information.

Signature: _____ *Date:* _____