Sexual Harassment Complaint Form

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Employee Name						
Department						
Title						
Todays Date		Age			sex	
Date of Incident		Time of	Incident		•	
	Person(s) you	allege con	nmitted th	e sexual l	narassment	
Name			Position/Title			
Please describe the insident in detail, including your reaction to the incident						
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Person(s) who witnessed the incident, if any:						