

**Sexual Harassment Complaint Form
Crowder College**

Name: _____

Department: _____

Job Title: _____

Immediate Supervisor: _____

1. Person responsible for the offensive behavior

2. Describe each incident of offensive behavior

1st incident

Approximate date, time, and place

Describe your reaction

2nd incident

Approximate date, time, and place

Describe your reaction

3rd incident

Approximate date, time, and place

Describe your reaction

(Descriptions of additional incidents, dates/times/places, and reactions may be attached if needed.)

4. List any witnesses to the offensive behavior

_____	_____
_____	_____
_____	_____

I UNDERSTAND THAT THESE ALLEGATIONS WILL BE INVESTIGATED. I ALSO UNDERSTAND THAT, THOUGH EVERY ATTEMPT WILL BE MADE TO REMAIN DISCREET IN THE USE AND DISSEMINATION OF THE INFORMATION CONTAINED HEREIN, CONFIDENTIALITY IS NOT PROMISED AND CANNOT BE ASSURED.

Signature

Date

(To be filled in by person who receives this complaint)

Received by: _____ Date: _____