



## Unlawful Workplace Harassment Form

This form must be completed and signed by the complainant and turned into their supervisor, department head, or Human Resources Director. If the supervisor or department head receives the complaint, it must be forwarded to the Human Resources Director within three (3) days of completion of this form.

Please print legibly, provide all the information requested below, attach all pertinent documents and statements in support of your complaint, and sign upon completion.

Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Department: \_\_\_\_\_

Job Title: \_\_\_\_\_

Name of your supervisor: \_\_\_\_\_

### COMPLAINT INFORMATION

1. Individual(s) who allegedly committed act of harassment against you:

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Department: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Department: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Department: \_\_\_\_\_

2. Date(s) and Location(s) of alleged harassment:

Date(s)	Location(s)

3. Please describe in detail the alleged harassment committed by each identified individual: *(if more space is necessary, attach additional sheets)*

4. Please identify all employees or others who witnessed and/or have any knowledge of the alleged harassment, describing what was witnessed and/or the nature of such knowledge:

5. Please Answer the Following Questions: Yes                      No

- i. Are there any documents supporting your complaint?  
*(if yes, please attach to this form)*
  
- ii. Is there any physical evidence which supports your claim?  
*(If yes, please describe):*
  
- iii. Have you missed any work time as a result of this incident?
  
- iv. Is the alleged harassment continuing?
  
- v. Have you previously complained about this or related incidents to your supervisor, department head, or any other County employee? *(if yes, answer the next question)*
  
- vi. Please identify the person(s) to whom you complained, date(s), and nature of complaint:

6. What action do you believe is necessary to prevent the alleged incident from occurring in the future?

The information provided in this complaint is true and correct to the best of my knowledge. I am willing to cooperate fully in the investigation of my complaint and provide whatever evidence the County deems relevant.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date