Sexual Harassment Complaint Form

Your Name _____

Office _____

Your Recruiter _____ Assignment Location _____

Type of Complaint _____

Date incident reported_____

Reported to_____

Please describe the specific incidents that you feel constitute harassment:

What is/are the date/s the incident occurred? _____

Please describe the incident including what occurred, when it occurred, and whether there were any witnesses other than yourself to the event(s). If necessary, attach additional sheets of paper.

Please describe what, if anything, you have done in order to attempt to address the situation yourself. If you have not tried to address the situation yourself, please explain why.

Are you aware of any other person who has been subjected to similar harassment? If so, please identify such person(s) and describe the details of the harassment including when and what occurred.

Other than the individual(s) you have identified above, is/are there any other person(s) who you feel should be contacted in connection with the investigation of this complaint. If so, please identify the individuals, how to contact them, and what information these individual(s) may have.

Your complaint of harassment will be promptly and thoroughly investigated. The investigation will be kept confidential to the extent as possible with the company's need to fully investigate and address the situation. If the investigation verifies that inappropriate behavior has occurred, appropriate disciplinary action will be taken against the person who has harassed you. If at anytime you feel that as a result of your complaint you are being retaliated against, please file an additional complaint using this form.

Please read the above carefully before signing. Your signature below will indicate that this form accurately and completely describes your complaint of harassment.

Signature_____ Date_____

Please print name _____

Please report this incident immediately.