

9. Location(s) of alleged incident: _____

10. Date(s) and approximate time(s): _____

11. Describe the effect the alleged harassment had on you: _____

12. Are there others who have witnessed this behavior or others who experienced similar behavior by the individual named above? If so, please provide their name(s), indicate if witness or individual with similar experience, their address(s) and their phone number(s).

13. Did you tell anyone about your experience after the alleged incident? If so please provide the name(s) and telephone number(s) of whomever you spoke to. _____

14. Did you take any action(s) in an attempt to stop the harassment? _____

15. Have you filed this report with any other agency or an attorney? Yes ☐ No ☐

If yes, with whom? _____

16. Do you have any suggestion for proposed action to address or resolve the harassment?

17. Do you have any additional information and comments (use separate sheet if necessary):

Signature of person making report: _____ Date: _____

Please return the completed form to the Office of Human Resources, Hannah Hall, Suite 126