

## Bullying & Harassment Complaint Form

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

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

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

Supervisor/Manager: \_\_\_\_\_

Name of Accused: \_\_\_\_\_

Relationship (if any) to the Accused: \_\_\_\_\_

Date/Time of Incident: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Describe the Incident:

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Names of Witnesses (if any): \_\_\_\_\_

Have similar incidents occurred in the past? \_\_\_\_\_

By signing below, I certify that all information provided above is true and correct to the best of my knowledge.

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