PERSONAL HARASSMENT POLICY
COMPLAINT FORM

1. Name of Complainant(s): _____
(please print clearly)

2. Name of Respondent(s): _____
(please print clearly)

3. Statement of Incident: (*please provide detailed information concerning the incident(s) such as relevant dates, locations, what was said/done by whom, etc.)*

_____
_____
_____
_____
_____
_____
_____
_____
_____

4. Remedy Desired: (be as specific as possible)

_____
_____
_____
_____
_____
_____
_____

5. Advisor's Name/Contact Information:

_____
_____
_____

Signature of Complainant: _____

Date: _____

A copy of this form is to be forwarded to the Equity Unit by the Advisor.
A copy of this form will sent to the respondent(s).