HUMAN RESOURCES DIVISION

SEXUAL HARASSMENT REPORT FORM

Name of Employee_____ Date_____

Title _____ Agency_____

Name of Immediate Supervisor_____

Statement of Complaint:

Date(s) of Incident(s)_____

Name of Person(s) Accused of Harassment _____

Description of Incident(s) (Please be detailed)

Name(s) of
Witness(es)_____

_____

Remedy requested_____

_____

_____

Complaint Received _____ Date_____

Name of Sexual Harassment Officer