

Avalon Free Public Library

HARASSMENT COMPLAINT FORM

(To Be Completed by Employee)

Employee's Name: _____ Date _____

Supervisor _____

Incident Reported to: _____

Time period covered by this complaint _____

Who do you believe has harassed you? _____

(If more than one person, please list all)

What happened? (Please be as specific as possible. Include dates, if possible. If you need more space, feel free to continue on the back of this page)

Did anyone else see what happened? If yes, who? _____

In addition to the above people, is there anyone else you think would be able to help us determine whether the incident occurred?

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Have you reported this/these incident(s) before? ___ Yes ___ No If yes, to whom?

Are there any documents or other evidence that supports the occurrence described above? _____

If you have previously complained about this, please identify the individual to whom you complained, the date of the complaint, and any action taken.

Have you missed any time from work or incurred any un-reimbursed medical expenses as a result of the alleged act?

Are you afraid that someone may retaliate against you because you filed this complaint? If so, please identify the person(s) and indicate the reasons you feel the person(s) may retaliate against you..

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If our investigation verifies that the grievance is justified, what is your requested remedy for this complaint.

Have the harassment procedure and investigative process been explained to you? _____

By whom? _____ Date: _____

ACKNOWLEDEMENT

The information provided is true and correct to the best of my knowledge.

BY: _____ DATE: _____

To investigate your complaint, it will be necessary to interview you, the accused party, and any witnesses with the knowledge of the allegations or defenses. All persons involved in the investigation will be notified that (1) the complaint is confidential, (2) that any unauthorized disclosures of information concerning the investigation or retaliation could result in disciplinary action up to and including discharge.

I am willing to cooperate fully in the investigation of my complaint and to provide whatever evidence is deemed relevant.

BY: _____ DATE: _____

RECEIVED BY: _____ DATE: _____