

HARASSMENT COMPLAINT FORM

Name: _____

Home Address: _____

Phone: _____

Email Address: _____

Title: _____

Date(s) and time(s) of alleged incident(s): _____

Name of person you believe harassed you or another person: _____

If the alleged harassment was toward another person, identify that other person and their title:

Describe the incident(s) as clearly as possible. Include a full description of the events, and verbal statements (i.e., threats, requests, demands, etc.), and what, if any, physical contact was involved. Attach additional pages as necessary. (Please provide any physical evidence if applicable)

Where did the incident occur? _____

List any witnesses who were present: _____

How did you or the person harassed (if not you) react to the harassment?

How would you like to see this issue resolved? Example: Buddy system, switching departments, etc.

By submitting this form you agree to the following terms: there is an informal process available to resolve the complaint and feel that a formal complaint is appropriate to resolve the harassment I allege in this complaint, I may have rights to relief under the state and federal laws and that complaints of discrimination may be filed with state or federal civil rights agencies, I agree to cooperate within reason with any investigation conducted by THE COLUMN AWARDS, I understand that if I am found to have knowingly misstated any material fact in this complaint I may be subject to disciplinary actions.

Completed forms should be scanned and emailed to: scampbell@thecolumnawards.org, michael@thecolumnawards.org, or Elizabeth@thecolumnawards.org.