

THE CITADEL

FORMAL SEXUAL HARASSMENT COMPLAINT FORM

Employee/Student Name:

Department/Activity:

Position Title:

Name of Immediate Supervisor:

STATEMENT OF COMPLAINT (Be specific. Please read the policy statement on sexual harassment before completing this section.)

Name of Person(s) Accused of Wrongdoing:

Date and Time of Incident (Indicate AM/PM):

Name(s) of Witnesses:

Description of Incident (Describe actions of all person(s) involved, including yourself. Use additional sheets if required.)

Adjustment Requested (Use additional sheets if required.)

Employee/Student Signature

Date

COMPLAINT SUBMITTED TO: (Check One)

_____ Director Human Resources/Personnel

(Name)

_____ Supervisor/Other

(Name)

Director Human Resources/Personnel, Supervisor, or other signature

Date