

EXHIBIT A – EMPLOYEE HARASSMENT COMPLAINT FORM
(Administrative Rule 512)

Name of complainant _____

Where did or is the incident(s) occur(ring) (building, grounds)? _____

When did or is the incident(s) occur(ring)? Date _____ Time _____

Was or is anyone else present at the time the incident(s) occurred or is occurring? _____

Who was or is involved in the incident(s)? _____

What happened or is happening (nature of complaint)? _____

How does complainant want the incident(s) or complaint resolved? _____

Name of person providing information for the form _____

Name of person completing form _____ Date _____

Signature of complainant _____ Date _____

