

Sexual Harassment Complaint Form

If you believe that you or someone you know has been subjected to sexual harassment, you are *encouraged*, but **not required**, to complete this form and submit it to the RF Central Office or RF Campus HR Office.

Once you submit this form, the RF will follow its sexual harassment prevention policy and investigate any claims in accordance with its Sexual Harassment Prevention Policy. *If you are more comfortable reporting verbally or in another manner, your complaint will still be investigated.*

COMPLAINANT INFORMATION

Name: _____

Home Address: _____

Work Address: _____

Home Phone: _____

Work Phone: _____

Job Title: _____

Email: _____

Select Preferred Communication Method: (please select one)

SUPERVISORY INFORMATION

Immediate Supervisor's Name: _____

Title (if known): _____

Work Phone: _____

Work Address: _____

COMPLAINT INFORMATION

1. Your complaint of Sexual Harassment is made against:

Name (if known): _____

Title (if known): _____

Work Address (if known): _____

Work Phone (if known): _____

Relationship to you: ___ Supervisor ___ Subordinate ___ Co-Worker ___ Other: _____

