Code No. 502.10E1

**HARASSMENT COMPLAINT FORM**

Name of complainant:

Position of complainant:

Date of complaint:

Name of alleged harasser:

Date and place of incident or incidents:

Description of misconduct:

Name of witnesses (if any):

Evidence of harassment, i.e., letters, photos, etc. (attach evidence if possible):

Any other information:

I agree that all of the information on this form is accurate and true to the best of my knowledge.

Signature:

Date:

Code No. 502.10E2

**WITNESS DISCLOSURE FORM**

Name of witness:

Position of witness:

Date of testimony, interview:

Description of instance witnessed:

Any other information:

I agree that all of the information on this form is accurate and true to the best of my knowledge.

Signature:

Date: