

**REPORT FORM FOR COMPLAINTS OF UNLAWFUL HARASSMENT**

Complainant: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Date of Alleged Incident(s): \_\_\_\_\_

Alleged harassment was based on: (circle those that apply)

Race

Color

National Origin

Gender

Age

Disability

Religion

Sexual Orientation

Name of person you believe violated the Joint Operating Committee's unlawful harassment policy: \_\_\_\_\_

If the alleged harassment was directed against another person, identify the other person: \_\_\_\_\_

Describe the incident as clearly as possible, including what force, if any, was used; verbal statements (i.e. threats, requests, demands, etc.); what, if any, physical contact was involved. Attach additional pages if necessary: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When and where incident occurred: \_\_\_\_\_

List any witnesses who were present: \_\_\_\_\_

\_\_\_\_\_

This complaint is based on my honest belief that \_\_\_\_\_ has harassed me or another person. I certify that the information I have provided in this complaint is true, correct and complete to the best of my knowledge.

\_\_\_\_\_  
Complainant's Signature\_\_\_\_\_  
Date\_\_\_\_\_  
Received By\_\_\_\_\_  
Date