



HARASSMENT COMPLAINT FORM

If you believe that you have been subject to sexual harassment, you are encouraged to complete this form and submit it to the HR Team either in person or via email.

If you are reporting more than one incident, please use a separate form for each incident. If the space provided below is insufficient, please staple additional pieces of paper to this form.

Today's Date:

Employee Name:

Name of the Accused:

Department:

Department:

E-mail:

Relationship (manager, co-worker, client, etc.):

Phone Number:

Supervisor:

Preferred Communication Method (email, phone, in person):

Date of Incident:

(If more than one event, please report each event on a separate form.)

Is the sexual harassment continuing?

Where did the specific event(s) occur?

Please describe information about the complaints of conduct, including date, location, type of behavior, how it affects your work:

Were there any witnesses to this specific event? (If yes, please provide their names.)

Is there any physical evidence that supports your complaint? If so, please describe or attach a copy of evidence.

Other Comments:

ACKNOWLEDGMENTS

- The information provided in this complaint is true and accurate to the best of my knowledge.
- I understand that Kulanu is required to investigate the conduct complained of and that I will be asked to participate in the investigation, including, but not limited to, answering questions and providing documentary evidence. I am willing to cooperate fully in the investigation of my complaint and to provide whatever evidence Kulanu deems relevant.
- To investigate the Complaint, it will be necessary to interview the alleged harasser(s), and any witnesses with knowledge of the allegations or defenses. Kulanu will notify all people involved in the investigation that it is confidential, and that unauthorized disclosures of information concerning the investigation could result in disciplinary action, up to and including discharge.

Signature: _____

Date: _____