



## Sexual Harassment Complaint Form

If you believe that you have been subjected to sexual harassment, you are encouraged to complete this form and submit it to your Manager or Human Resources. If you are more comfortable reporting verbally or in another manner, your employer is still required to follow its Sexual Harassment Prevention Policy by investigating the claim(s) as outlined at the end of this form.

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

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

Job Title: \_\_\_\_\_ BK # \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Preferred method of communication : \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ BK # \_\_\_\_\_

1) Complaint Against \_\_\_\_\_

Job Title: \_\_\_\_\_ BK # \_\_\_\_\_

Relationship to you: Supervisor \_\_\_\_ Co-worker \_\_\_\_ Subordinate \_\_\_\_ Other \_\_\_\_

2) Please describe the conduct or the incident(s) that is the basis of this complaint and your reasons for concluding that the conduct is sexual harassment. Please use additional sheets of paper is necessary and attach any relevant documents or evidence:

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



- Date(s) sexual harassment occurred:

\_\_\_\_\_

- Is the sexual harassment continuing: Yes \_\_\_\_\_ No \_\_\_\_\_

- 3) Please list the name and contact information of any witness or individuals that may have information related to your complaint:

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

**The following questions are optional:**

- 4) Have you previously complained or provided information (verbal or written) about sexual harassment while employed by this firm? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, when and to whom did you complain to or provide information: \_\_\_\_\_

\_\_\_\_\_

Employees that file complaints with their employer might have the ability to get help or file claims with other entities including federal, state or local government agencies or in certain courts.

- 5) Have you file a claim regarding this complaint with a federal, state or local government agency? Yes \_\_\_\_\_ No \_\_\_\_\_
- 6) Have you instituted a legal suit or court action regarding this complaint?  
 Yes \_\_\_\_\_ No \_\_\_\_\_
- 7) Have you hired an attorney with respect to this complaint?  
 Yes \_\_\_\_\_ No \_\_\_\_\_

**I request that CFC investigate this complaint of sexual harassment in a timely and confidential manner as outlined below, and advise me of the results of the investigation.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**