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| Harassment Complaint Form | | |
| Name of the Complainant: |  | |
| Department: |  | |
| Phone Number: |  | |
| E-mail: |  | |
| Today’s Date: |  | |
| Name of the Accused: |  | |
| Department: |  | |
| Relationship of the Accused to the Complainant | Manager  Co-worker  Client  Other:       (please specify) | |
| Phone Number: |  | |
| E-mail: |  | |
| Date of Incident: |  | |
| *(If more than one event, please report each event on a separate form.)* | | |
| **Where did the specific event occur?** | | |
|  | | |
| **Please explain the events that occurred.** | | |
|  | | |
| **How did you react to the situation? Did you take any action to stop perceived inappropriate behavior?** | | |
|  | | |
| **Describe the harm you have suffered as a result of the event.** | | |
|  | | |
| **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 copy of evidence.** | | |
|  | | |
| **What is your desired outcome of the investigation?** | | |
|  | | |
| *The information provided in this complaint is true and correct to the best of my knowledge. I am willing to cooperate fully in the investigation of my complaint and provide whatever evidence Yadkin Valley Economic Development District, Inc. [YVEDDI] deems relevant.* | | |
|  | |  |
| Signature | | Date: |
| *Please return this form to Human Resources* | | |

New 6/6/2019 dr