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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