



EMPLOYEE HARASSMENT COMPLAINT FORM

Name of the Complainant: _____

Department: _____ Phone #: _____

E-mail: _____ Today's Date: _____

Name of the Accused: _____ Department: _____

Relationship of the Accused to the Complainant (supervisor, co-worker, etc.)

Phone #: _____ E-mail: _____

Date(s) of Incident: _____

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 would be 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 the First Community Church deems relevant.

Signature: _____ **Date:** _____

Please return this form to Human Resources.