

HARASSMENT COMPLAINT FORM

*It is the policy of SICS that all of its employees be free from harassment, including sexual harassment. This form is provided for you to report what you believe to be harassment, so that SICS may investigate and take appropriate disciplinary or other action when the facts show that there has been harassment.*

*If you are an employee of SICS, you may file this form with the Executive Director or Board President.*

*Please review SICS's policies concerning harassment for a definition of sexual harassment and a description of the types of conduct that are considered to be harassment.*

*SICS will undertake every effort to handle the investigation of your complaint in a confidential manner. In that regard, SICS will disclose the contents of your complaint only to those persons having a need to know. For example, to conduct its investigation, SICS will need to disclose portions of your factual allegations to potential witnesses, including anyone you have identified as having knowledge of the facts on which you are basing your complaint, as well as the alleged harasser.*

*In signing this form below, you authorize SICS to disclose to others the information you have provided herein, and information you may provide in the future. Please note that the more detailed information you provide, the more likely it is that SICS will be able to address your complaint to your satisfaction.*

*Charges of harassment are taken very seriously by SICS both because of the harm caused to the person harassed, and because of the potential sanctions that may be taken against the harasser. It is therefore very important that you report the facts as accurately and completely as possible and that you cooperate fully with the person or persons designated to investigate your complaint.*

Your Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Alleged Incident(s): \_\_\_\_\_

Name of Person(s) you believe harassed you or someone else: \_\_\_\_\_

List any witnesses that were present: \_\_\_\_\_

Where did the incident(s) occur? \_\_\_\_\_

Please describe the events or conduct that are the basis of your complaint by providing as much factual detail as possible (i.e. specific statements; what, if any, physical contact was involved; any verbal statements; what did you do to avoid the situation, etc.) (Attach additional pages, if needed):

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**I acknowledge that I have read and that I understand the above statements. I hereby authorize SICS to disclose the information I have provided as it finds necessary in pursuing its investigation.**

**I hereby certify that the information I have provided in this complaint is true and correct and complete to the best of my knowledge and belief.**

\_\_\_\_\_  
Signature of Complainant

Date: \_\_\_\_\_

\_\_\_\_\_  
Print Name

Received by: \_\_\_\_\_

Date: \_\_\_\_\_