



RESPECTFUL WORKPLACE COMPLAINT FORM*

Name: _____ Phone Number: _____

Position: _____ Department: _____

Name(s) of person you believe harassed you:

If the alleged harassment/discrimination was toward another person, identify the name of that person:

Nature of the allegations:

Date(s) and time(s) of alleged incident(s):

Describe the incident(s) as clearly as possible. Include a full description of the events: verbal statements (i.e., threat(s) of harassment, requests, demands, etc.), and what, if any, physical contact was involved. Attach additional pages as necessary.

Where did the incident occur? _____

List all known witnesses:

How did you or the person impacted (if not you) react to the incident?

What impact has this had on you?

What impact has this had on your workgroup?

What would you consider a reasonable resolution to this matter?

*Please sign and date each page of your submission.