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|---------------------|-------------------------|
| Today's Date | Date of Incident |
|---------------------|-------------------------|

Name of Complainant _____

Department and Telephone Number _____

Name of Respondent _____

Department and Telephone Number

Statement of Complaint

[illegible]

Complaint Received by_____ **Date**_____

Title & Department

Department/Office Director _____ **Date** _____

Director of Human Resources **Date**