

FILE GBA-E1 Harassment Complaint Form

Name of Employee Complainant: _____

Address: _____

Telephone number(s): (HOME) _____ (MOBILE) _____

Position in the District: _____

Job Site: _____

Immediate Supervisor: _____

Name(s) of Alleged Harasser(s): _____

Approximate date(s) of alleged harassment or when began, if ongoing: _____

Location or situation where alleged harassment occurred or is occurring: _____

Nature of the harassment: _____

Other individual(s) in whom you have confided about the alleged harassment: _____

Individuals you believe may have witnessed or also been subjected to, the alleged harassment: _____

Remedy sought: _____

Signature of Complainant _____ Date _____

Signature of Individual Receiving Complaint _____ Date _____

Richland County School District One