REPORT FORM FOR COMPLAINTS OF UNLAWFUL HARASSMENT

Complainant: ________________________________________________________________
Home Address: ________________________________________________________________
Home Phone: __________________________________________________________________
Date of Alleged Incident(s): ______________________________________________________

Alleged harassment was based on: (circle those that apply)

- Race
- Color
- National Origin
- Gender
- Age
- Disability
- Religion
- Sexual Orientation

Name of person you believe violated the Joint Operating Committee's unlawful harassment policy:

______________________________________________________________________________

If the alleged harassment was directed against another person, identify the other person:

______________________________________________________________________________

Describe the incident as clearly as possible, including what force, if any, was used; verbal statements (i.e. threats, requests, demands, etc.); what, if any, physical contact was involved. Attach additional pages if necessary:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

When and where incident occurred: ________________________________________________

List any witnesses who were present: _______________________________________________

______________________________________________________________________________

______________________________________________________________________________

This complaint is based on my honest belief that ________________________ has harassed me or another person. I certify that the information I have provided in this complaint is true, correct and complete to the best of my knowledge.

Complainant's Signature _________________________ Date _________________________

Received By _________________________ Date _________________________