

**CONFIDENTIAL  
COMPLAINT FORM**

Date/Time of Meeting: \_\_\_\_\_

Complainant (person filing complaint):

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Dept.: \_\_\_\_\_

Shift: \_\_\_\_\_ Ext.: \_\_\_\_\_ Pgr.: \_\_\_\_\_ Hm.: \_\_\_\_\_

Respondent (person filing complaint about): \_\_\_\_\_ Dept: \_\_\_\_\_

Briefly describe acts or circumstances of concern, including when, where, and the frequency with which they occurred. (Analyst completing intake should take notes on separate sheet and have complainant sign it.)

When did the last incident occur? \_\_\_\_\_

Has anyone witnessed any of the above described event(s)? Yes \_\_\_\_ No \_\_\_\_ If yes, who?

Name: _____	Title: _____	Ext.: _____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you reported this to anyone else? (supervisor, manager, co-worker?) Yes \_\_\_\_ No \_\_\_\_

If yes, who? \_\_\_\_\_ Ext.: \_\_\_\_\_

What, if anything, has been done thus far?

Have you discussed with the accused person that the behavior is unwanted? Yes \_\_\_\_ No \_\_\_\_ When? \_\_\_\_\_

What was his/her response?

Have you informed the accused person that you were going to file a complaint? Yes \_\_\_\_ No \_\_\_\_

What remedy are you seeking? \_\_\_\_\_

What is recommended to the complainant by the analyst? Investigation \_\_\_\_ No-Fault \_\_\_\_ Mediation \_\_\_\_

Consult with Spvr/Mngr \_\_\_\_ Referred to union rep \_\_\_\_ Referred to ELR \_\_\_\_ Referred to ASAP \_\_\_\_

Other: \_\_\_\_\_

Additional comments:

Complainant's signature: \_\_\_\_\_ Analyst's signature: \_\_\_\_\_

\*The privacy of all parties concerned will be protected within the limits of University policy and the requirements of the law.