Sexual Harassment Complaint Form

Name of the Complainant: ______________________________________________________

Department: __________________________________________________________________

Phone Number: __________________________________________________________________

E-mail: _______________________________________________________________________

Today’s Date: __________________________________________________________________

Name of the Accused: _____________________________________________________________

Department: __________________________________________________________________

Relationship of the Accused to the Complainant:

□ Director/Manager  □ Co-Worker  □ Client  □ Other: ____________________________

Phone Number: __________________________________________________________________

E-mail: _______________________________________________________________________

Date of Incident:
(If more than one event, please report each event on a separate form.)
_____________________________________________________________________________

Where did the specific event occur?
_____________________________________________________________________________

Please explain the events that occurred.
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
How did you react to the situation? Did you take any action to stop perceived inappropriate behavior?

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Describe the harm you have suffered as a result of the event.

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Were there any witnesses to this specific event? (If yes, please provide their names.)

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Is there any physical evidence that supports your complaint? If so, please describe or attach copy of evidence.

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

What is your desired outcome of the investigation?

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

The information provided in this complaint is true and correct to the best of my knowledge. I am willing to cooperate fully in the investigation of my complaint and provide whatever evidence Jena Band of Choctaws deems relevant.

Signature: ____________________________ Date: __________________

Please return this form to a trusted employee (Department Director), Human Resources Director, or the Tribal Administrator.