



## HARASSMENT COMPLAINT FORM

Today's date: \_\_\_\_\_

Name of the Complainant: \_\_\_\_\_ Department: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name of the Accused: \_\_\_\_\_ Department: \_\_\_\_\_

Relationship of the Accused to the Complainant (manager, co-worker, client, etc.): \_\_\_\_\_

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 the Ute Tribe deems relevant.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

***Please return this form to Human Resources.***