**Harassment Complaint Form**

**(See Sexual and Other Unlawful Harassment, Discrimination or Retaliation City Policy)**

Name of the Complainant:

Department:

Phone Number:

E-mail:

Today’s Date:

Name of the Accused:

Department:

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

Phone Number:

E-mail:

Basis of Discrimination/Harassment: Please check the appropriate box:

Race/Color

National Origin/Citizenship

Religion

Sex

Pregnancy/Childbirth

Disability

Genetic Information/testing

Age

Veteran Status

Marital Status

Sexual Orientation

Other Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The complainant feels she/he experienced:

Discrimination Harassment

**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 City of De Pere deems relevant.

Name:

Signature Date:

*Please return this form to Human Resources.*