

Town of Greenfield, Massachusetts

SEXUAL HARASSMENT COMPLAINT FORM

Name: _____

Department: _____ Division: _____

Job Title: _____ Name of Supervisor: _____

Statement of Complaint (Be specific. Please review the Sexual Harassment Policy before completing this section):

Date(s) of Incident: _____

Name(s) of person(s) accused of harassment: _____

Name(s) of witness(es): _____

Description of Incident (Describe actions of all involved including yourself, use additional paper if necessary):

Employee
Signature: _____ Date: _____ Time: _____

Complaint form submitted to (Check one):

_____ Supervisor (Name): _____

_____ Human Resources Dept. (Name): _____

_____ Other Management Person (Name): _____

Date and Time Complaint Received: _____

Signature of Person Receiving Complaint: _____

(Note: A complaint copy must be given to HR by any management and supervisory staff receiving a complaint)

Number 500-1C