Sexual Harassment Complaint Form

INTERVIEW FORM & CHECKLIST

Date:	Person receiving complaint:

COMPLAINANT INFORMATION

Name:

Job Title:

Email:	**Phone:**

REPRESENTATION	YES	NO	UNSURE
I would like to have a support person present when I am being interviewed.	❑	❑	❑
My preferred language is _____ and I will require an interpreter for an interview.	❑	❑	

PERSONAL SAFETY	YES	NO
I currently feel that I am in danger.	❑	❑
I believe that I will be subjected to further harassment, discrimination or violence in the next 24 hours.	❑	❑
I believe that I will be subjected to further harassment, discrimination or violence if I continue to work with the respondent(s) or continue to be in contact with the respondent(s) at work.	❑	❑
I believe that I will be subjected to further harassment, discrimination or violence if I continue working at or attending this workplace.	❑	❑
I believe that I am safe at work.	❑	❑
I believe that I am safe traveling to and from work.	❑	❑

I currently feel that I am in danger. ❑ ❑

Date:

Time:

Location:

Name(s) of person(s) alleged to have committed sexual harassment:

Name(s) of anyone who witnessed the incident or who may have relevant information:

Please provide a detailed description of incident(s) and the circumstances surrounding the incident(s).

NOTE: Use additional pages as necessary to complete the statement.

Please provide any other relevant information:

Do you have any documents, notes, photographs, recordings or other material related to the incident? If so, may we have copies of them? Attach to this document.

Confirmation of Information Provided as True and Correct

I have reviewed all the information included in this document. I understand the information and swear that to the best of my knowledge it is true and correct.

COMPLAINANT	WITNESS
Name	Name
Signature	Signature
Date	Date