Responding to a Complaint of Sexual Harassment

INTERVIEW FORM & CHECKLIST

[INSERT COMPANY/ORGANIZATION LOGO]

COMPLAINT INFORMATION				
File number:	**Date of Complaint:**	**Investigator:**		
Date of Interview:	**Location of interview:**			
Time Interview Began:	**Time Interview Concluded:**			
Audio/video recording of interview?	**YES**	❑	**NO**	❑

PERSON BEING INTERVIEWED	
Name:	**Choose one:** ❑ **Complainant** ❑ **Respondent** ❑ **Witness** ❑ **Other** (describe):
Email:	**Phone:**

SUPPORT PERSON (if present)		
Name:	**Email:**	**Phone:**

INTERPRETER (if offered as an option)		
Name:	**Email:**	**Phone:**

CHECKLIST FOR INVESTIGATION INTERVIEW	
Explain the investigation process.	❑

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.