

HARASSMENT COMPLAINT FORM

Instructions:

If you have a complaint, please complete this form and hand deliver to the Town Supervisor.

To protect your rights, it is important that you file your complaint as soon as possible after the alleged discriminatory act took place.

A. General Information:

Name: _____

Address: _____

Telephone #: (Work) _____
(Home) _____

Department Employed In: _____

Department Head: _____

NATURE OF HARASSMENT

B. Alleged Harassment Incident:

1. Please describe the incident (If necessary, attach additional sheets to this form.):

2. Specifically:

a. Name(s) of the party responsible for the alleged incident:

b. Date & Time: _____

Place: _____

c. First Incident: Yes _____ No _____

If not first incident, please list date, time and place of previous incident(s):

d. Describe your reaction(s) the alleged incident(s):

e. List any witness(es) to the alleged incident(s):

I, _____, affirm that I have read the above complaint and that it is true to the best of my knowledge, information and belief.

Signature

Date

Acknowledgment Form

I acknowledge that I have received a copy of the Town of Amsterdam's Policy and Complaint Procedure Regarding Discrimination and Harassment. I agree that I have read the policy thoroughly and agree to abide by such policy. Further, I agree that if there is any provision that I do not understand, I will seek clarification from the Town Supervisor.

Date: _____

Signature: _____

Print Name: _____