

HARASSMENT,
AND/OR DISCRIMINATION COMPLAINT FORM

Date of Report _____

Complainant Name _____

Home Address _____

Phone Number _____

Position or Grade Building _____

Date and Time of Alleged Violation _____

Location of Alleged Violation _____

Name of Alleged Offender _____

Position or Grade _____ Building _____

If the alleged violation was directed towards another individual, identify that individual:

Description of the Incident(s) (attach additional pages, if necessary) _____

Name of Witnesses, if any, and Description of Involvement _____

Your Reaction

This complaint is based upon my honest belief that the above-alleged offender has harassed, or discriminated against me or another person. I hereby certify that the information I have provided in this complaint is true, correct and complete to the best of my knowledge.

Signature of Complainant _____ Date _____

Please Submit Completed Form to:
Kenya Hunt
Director of Human Resources
4500 Warrensville Center Rd
Warrensville Heights, OH 44128