

# Complaint Report

## Discrimination Harassment Workplace Violence

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Date of Event (mm/dd/yyyy): \_\_\_\_\_  
(If more than one event, please report each event on a separate form.)

Where did the specific event occur?

How would you describe the circumstances?

Please explain the events that occurred.

Were there any witnesses to this specific event? (If yes, please provide their names)

What would be your desired outcome as a result of the investigation?

Print your name \_\_\_\_\_ Date (mm/dd/yyyy) \_\_\_\_\_

Signature \_\_\_\_\_

*Office Use Only*

Received by / date \_\_\_\_\_ / \_\_\_\_\_