

Form 701: HARASSMENT COMPLAINT

Name of the Complainant: _____

Phone Number: _____ Today's Date: _____

Name of the Accused: _____

Relationship of the Accused to the Complainant (manager, co-worker, client, etc.): _____

Date of Incident: *(If more than one event, please report each event on a separate form.)*

Where did the specific event occur? _____

Please explain the events that occurred. _____

How did you react to the situation? Did you take any action to stop perceived inappropriate behavior?

Describe the harm you have suffered because of the event. _____

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

Is there any physical evidence that supports your complaint? If so, please describe or attach copy of evidence. _____

What is your desired outcome of the investigation? _____

The information provided in this complaint is true and correct to the best of my knowledge. I am willing to cooperate fully in the investigation of my complaint and provide whatever evidence Ohio Network for Innovation deems relevant.

Signature

Date:

Please return this form to Human Resources at MEORC.