

**Administrative Procedure 170 Harassment
Formal Complaint Form**

Name of the complainant: _____

Date the complaint was made: _____

Complainant's contact information: _____

Complainant's work location: _____

Complainant's supervisor: _____

Name of person(s) against whom the complaint is made:

Description of the incident, including dates and location of events:

Add additional pages if necessary

List of possible witnesses:

Type of resolution sought: