

FORM A
Sexual Harassment
Informal Complaint
Checklist

Please complete checklist below and provide to the EEO Officer.

Date: _____

Office/Person receiving complaint: _____

1. Name of complainant (at least first name) _____

2. Student _____ Faculty _____ Staff _____

3. What happened:

Person who harassed you - No name needed yet, but role of person is important (i.e., advisor, supervisor, etc.)

Describe alleged action. As difficult as this may be, please try to provide specifics. A written statement by complainant is encouraged and may be attached.

Location _____

Date & Approximate time _____

Has this happened before? If so, how often? _____

Describe your response to the harassment _____

Were there any witnesses? If so, who? _____

In what way does the alleged harasser have power over your success (present and future)?

Are you aware of any consequences or effects of your response? Explicitly stated? Implied?

Did you tell anyone? If so, who? _____

When? _____

Where? _____

What did you tell the person? _____

What was their response? _____

Do you think there might be other victims? _____

What would you like to have done for you? _____

What would you like to have done for others? _____

What would you like to see have done to the alleged harasser? _____

Signature of Grievant

Signature of person receiving grievance

Date