

Harassment/Discrimination Complaint Form

Form# -- P005

CITY OF SHELBYVILLE

44 W. Washington St.

Shelbyville, IN 46176

1. Person(s) Involved

Please list the person(s) who is directing this harassment towards you.

Name: _____

Department: _____ Telephone: _____

Height: _____ Weight: _____ Age: _____

Hair Color: _____ Eye Color: _____ Gender: _____

2. Location

Where does/did the incident(s) occur?: _____

3. Time

When does/did the incident(s) occur?: _____

4. Description

How you were harassed; if the harassment included body contact and to what extent; what if any, gestures or language were used; and if there are any witnesses to the incident(s). Indicate if there were any threats or promises in connection with the harassment.

5. **Discussions About Harassment**

Have you discussed this situation with the person(s) involved in directing this harassment towards you?

Yes _____ No _____

If Yes: Please list date(s), time(s) and location (s) of this discussion and what was the response:

If No: Why not?

Have you discussed this situation with the person's supervisor?

Yes _____ No _____

If Yes: Please list date(s), time(s) and location (s) of this discussion and what was the response:

If No: Why not?

Have you discussed this situation with your supervisor?

Yes _____ No _____

If Yes: Please list date(s), time(s) and location (s) of this discussion and what was the response:

If No: Why not?

6. Please list any additional information which you feel would be helpful for the City in investigating your complaint.

The above summation of my complaint is accurate to the best of my knowledge.

Name Of Person Making Complaint: _____

Department/Work Location: _____

Telephone - Day: () _____

Evening: () _____

Signature

Date

Signature Of Person Taking Report

Date