

Sexual Harassment Complaint Form

Instructions: This form may be used by any member of the University community (academic appointee, staff member, student, administrator, or other member) to report allegations of sexual harassment to a designated official. Attach additional pages if necessary. Use of this form is not mandatory but is encouraged.

Your information:

Name _____

Address _____

Phone _____ Email _____

Academic appointee Staff Student Other _____

Person you allege violated PPM Section 380-12:

Name _____

Department (if known) _____

Academic appointee Staff Student Other _____

Describe, in detail, the actions or behavior that led you to file this complaint. Include the following information:

- 1. Specific actions
- 2. Dates of actions
- 3. How you were adversely affected by these actions
- 4. Desired remedy (desired remedy may be considered but is not determinative)

Have you filed another complaint about these actions under any other complaint procedure (e.g., APM 015, PPM 280-05, PPSM 70, collective bargaining agreement)? Yes No

Signature _____ Date _____

<p>Designated official:</p> <p>Date received _____ Date forwarded to SHO _____ Signature _____</p>
