

**DOWNLOAD FIRST** and fill out the complaint form and save to your computer.  
Please e-mail completed form to vkris72@gmail.com AND snoasecretary@gmail.com

## SNOA SEXUAL HARASSMENT COMPLAINT FORM

|                |                        |
|----------------|------------------------|
| Complainant:   | Cell Phone:            |
| Email Address: | Date/Time of Incident: |
|                | Supervisor:            |

Name of person you believe harassed you or another person: \_\_\_\_\_

If the harassment was toward another person, identify that person: \_\_\_\_\_

Describe the incident(s) as clearly as possible. Include a full description of the events, verbal statements (threats, requests, demands, etc.), the location, and what, if any, physical contact was involved.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any witnesses who were present: \_\_\_\_\_

How did you or the person harassed (if not you) react to the harassment? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What contact did you or the person harassed (if not you) have with the alleged harasser before the first incident? \_\_\_\_\_

This complaint is based upon my honest belief that \_\_\_\_\_ harassed me or

another person. I hereby certify that the information I have provided in this complaint is true, correct and complete to the best of my knowledge.

\_\_\_\_\_  
Complainant's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witnessed by (if available)

\_\_\_\_\_  
Date

*Attach additional pages as necessary*