

Harassment Complaint Form

1. I am alleging (check all applicable categories) harassment based on:
2. Race _____
3. Color _____
4. Age _____
5. Sex _____
6. Religion _____
7. National Origin _____
8. Disability _____
9. Pregnancy _____
10. Sexual Orientation _____
11. Other (explain) _____

Name of person(s) who allegedly harassed you:

Status of person(s) who allegedly harassed you:

- Co-worker _____
- Supervisor _____
- Other (explain) _____

Relationship, if any, between you and the alleged harasser(s):

Witnesses, if any, to the alleged harassment: (list names, email addresses and phone numbers):

Please describe in detail the allegedly harassing acts that caused you to bring this complaint. Include the time period when they occurred, the frequency, the locations, the time of day, and any other pertinent circumstances. Explain why you think the action constituted harassment. Attach additional pages if necessary.

I certify that the information in this request is true and accurate to the best of my knowledge. If requested, I agree to provide additional information regarding this complaint to the assigned investigator. I understand that providing false or misleading information is grounds for discipline up to and including termination from employment. I further understand that DaVinci Academy cannot guarantee complete confidentiality where it would conflict with the employer's obligation to conduct a meaningful investigation or, where warranted, take corrective action.

Print Employee Name _____

Employee Signature _____

Date: _____