

Sexual Harassment Complaint Form

Date this form is being completed:
Name of complainant:
Name of victim:
Name of harasser:
Date of incident:
Place where incident happened:
Description of the incident(s): (Include witnesses, evidence - use additional sheets if necessary)
I understand that this is a serious matter. I certify that the information above is accurate and true to the best of my knowledge and belief.
Signature of complainant:

Keep a copy of this document for your own records and deliver the original of this complaint to:
 Bill Crowson, Title IX Coordinator
 365 N. 5th Street
 Monroe, Oregon 97456