CODE: GBN/JBA-Form

APPROVED: 01/08/01 REVISED: 09/14/20

**REVIEWED:** 

## **Sexual Harassment Complaint Form**

Date this form is being completed:
Name of complainant:
Name of victim:
Name of alleged harasser:
Date of incident(s):
Place where incident(s) happened:
Description of the incident(s): (Include names of witnesses, evidence of sexual harassment i.e., letters, photos, etc 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