

St. Clair County Community Mental Health
Harassment Complaint

COMPLAINANT INFORMATION – Completed by Complainant

First and Last Name:	
Street Address:	
City, State, & Zip Code:	
Telephone Number:	

COMPLAINT DETAILS – Completed by Complainant

Date(s) of Alleged Harassment:	
Time(s) of Alleged Harassment:	
Location(s) of Alleged Harassment:	
Name(s) of Person(s) Alleged to have Harassed the Employee/Volunteer:	
Name(s) of Witness(es):	
<p>Describe Your Complaint of Harassment in the Workplace:</p> <ul style="list-style-type: none"> ▪ What took place? ▪ Who was involved in your complaint? <p>If there were witnesses to your complaint, please provide their names.</p> <p>Check the type(s) of Harassment You Experienced in the Workplace:</p> <p><input type="checkbox"/> Physical Harassment</p> <p><input type="checkbox"/> Sexual Harassment</p> <p><input type="checkbox"/> Verbal Harassment</p> <p><input type="checkbox"/> Other Harassment</p>	
<p>What Do You Consider To Be A Fair Solution To Your Complaint?</p> <ul style="list-style-type: none"> ▪ What action(s) would remedy the harassment? ▪ When should the action be implemented? 	

INVESTIGATION DETAILS – Completed by SCCCMHA

Date Complaint Received:	
Date Complaint Assigned for Investigation:	
Investigator's Name:	
Investigative Report Date:	
Investigator's Signature:	