



Truckee Meadows Community College

Equity and Diversity

SEXUAL HARASSMENT COMPLAINT

General Information

Name: _____ Position: _____

Department: _____ Telephone: _____ - _____ - _____

Immediate supervisor: _____

1. Describe the sexual harassment incident(s):

2. Who was responsible for the sexual harassment incident(s)?

3. Identify any witnesses to the sexual harassment incident(s):

4. Where did the sexual harassment incident(s) take place?

5. List the date(s) and time(s) that the sexual harassment incident(s) occurred:

_____/_____/_____ _____/_____/_____ _____/_____/_____

_____/_____/_____ _____/_____/_____ _____/_____/_____

6. Have you reported this incident to anyone else?

Signature: _____

Date: ____/____/_____