**Discrimination and Sexual Harassment Complaint Form**

**Submit to: dnolan@amcsource.com**

**COMPLAINANT INFORMATION**

Name:

Address: Phone:

Job Title: Email:

Select Preferred Communication Method, circle one: Email Phone In person

**COMPLAINT INFORMATION**

1. Your complaint of Sexual Harassment is made about:

Name: Title:

Address: Phone:

Relationship to you:

2. Please describe what occurred. Please use additional sheets of paper if necessary and attach any relevant documents or evidence.

3. Date(s) sexual harassment occurred:

Is the sexual harassment continuing? Yes\_\_\_ No\_\_\_

4. Please list the name and contact information of any witnesses or individuals who may have

information related to your complaint. We will not contact them without your permission:

***The last question is optional, but may help the investigation.***

5. Have you previously complained or provided information (verbal or written) about related

incidents and/or about this individual? If yes, when and to whom did you complain or provide information?

If you have retained legal counsel and would like us to work with them, please provide their contact

information.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(August 20, 2020)