



# MOUNDVILLE HOUSING AUTHORITY SEXUAL HARASSMENT/HARASSMENT RESPONDENT/WITNESS FORM

Person Alleged to Have Been Harassed: \_\_\_\_\_

Respondent/Witness:		
Home Address:	Home Phone:	
	Date/Time of Incident:	
<i>Complete only if you are an employee of MHA</i>		
Employees:	Position:	Supervisor:
<p>Describe the incident (Where did it take place? What happened? What did you say and do? What did other people say and do? Include names, verbal statements, and a thorough description of physical contact, if any was involved.)</p>          		

List any witnesses who were present: \_\_\_\_\_

Respondent: If you admit that statements made in the complaint are correct, why did you act the way that you did? If you disagree, please explain. \_\_\_\_\_

I hereby certify that the information I have provided in these answers is true, correct and complete to the best of my knowledge.

\_\_\_\_\_  
Respondent or Witness's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witnessed by

\_\_\_\_\_  
Date

Attach additional pages as necessary