



**MOUNDSVILLE HOUSING AUTHORITY
SEXUAL HARASSMENT/HARASSMENT COMPLAINT FORM**

Complainant:	
Home Address:	Home Phone:
	Date/Time of Incident:

Name of person you believe harassed you or another person: _____

If the alleged harassment was toward another person, identify that person: _____

Describe the incident(s) as clearly as possible. Include a full description of the events, verbal statements (threats, requests, demands, etc.), the location, and what, if any, physical contact was involved. _____

List any witnesses who were present: _____

How did you or the person harassed (if not you) react to the harassment? _____

What contact did you or the person harassed (if not you) have with the alleged harasser before the first incident? _____

This complaint is based upon my honest belief that _____ harassed me or another person. I hereby certify that the information I have provided in this complaint is true, correct and complete to the best of my knowledge.

Complainant's signature

Date

Witnessed by

Date

Attach additional pages as necessary