COUNTY OF HUNTINGDON
233 Penn Street, Huntingdon PA 16652

HARASSMENT COMPLAINT FORM

NAME OF EMPLOYEE FILING COMPLAINT: _____

POSITION: _____

DEPARTMENT: _____

NOTE: All complaints and information will be kept confidential and will be reviewed only by parties who have a need to know.

DESCRIPTION OF COMPLAINT (Include Date, Time, Place and, if Witnesses were present, provide names). (*Use other side or additional pages if necessary.)*

_____

_____

_____

_____

_____

COMPLAINANT'S SIGNATURE	DATE
SUPERVISOR'S SIGNATURE	DATE

FOR INVESTIGATION PURPOSES ONLY

INVESTIGATOR'S NAME _____

INVESTIGATION DATE _____

PERSON(S) INTERVIEWED _____

DESCRIBE INTERVIEW(S)/OUTCOME:

_____

_____

_____

Indicate what further action is necessary regarding this complaint. *(Use other side if necessary.)*

INVESTIGATOR'S SIGNATURE	DATE