

KINGMAN COUNTY EMPLOYEE POLICY MANUAL
Sexual and other Unlawful Harassment Complaint Form

NAME _____ DATE FORM SUBMITTED _____

DEPARTMENT _____ JOB TITLE _____

DEPARTMENT HEAD _____

COMPLAINT REPORTED TO _____

1. Who was responsible for the harassment? Include the name of the person or persons accused of committing the harassment, including their title if known.

2. Describe, in your own words, the first incident of harassment. Use the exact wording if remarks were directed at you. Include the specific nature of the harassment, how long it has gone on and any employment action (demotion, failure to promote, dismissal, refusal to hire, transfer, etc.) taken as a result of the harassment, or any other threats made as a result of the harassment. Do not be embarrassed to relate the event as it occurred. If more space is need, please make reference to any attached sheets.

When (date and time) _____

Where _____

Who was present _____

What was said or done?

What was your reaction?

Have you previously reported such harassment and, if so, when and to whom?

3. Describe, in your own words, the second incident of harassment. Remember to include all details as described above.

When (date and time) _____

Where _____

Who was present _____

What was said or done?

What was your reaction?

Have you previously reported such harassment and, if so, when and to whom?

4. Describe, in your own words, any other incident(s) of harassment. Remember to include all details as described above.

When (date and time) _____

Where _____

Who was present _____

What was said or done?

What was your reaction?

Have you previously reported such harassment and, if so, when and to whom?

5. Is there any other information you wish to include at this time?

ACKNOWLEDGMENT OF INVESTIGATION PROCEDURES

I, _____, understand that these incidents will be investigated, but this form will be kept confidential to the highest degree possible. I additionally understand, that because of the severity of these charges and because they must be investigated for my protection and the protection of Kingman County, the person or persons charged herein will be informed of the investigation. That person or persons will also be told that I have brought the charges against them. This is being done in the interest of the investigation only. I have been informed, as is stated in Policy # 21 of the Kingman County Employee Policy Manual, that I will be protected against any form of retaliation from the person(s) charged herein, my supervisor, department head or any other employee or the administrative personnel of Kingman County.

I also agree that the incidents described herein are true to the best of my knowledge. I understand that the investigation shall include the nature of the conduct in question, the context in which the conduct, if any, occurred, and the conduct of myself in regard to making this complaint of sexual or other unlawful harassment. My conduct, in regard to making this complaint of harassment, is in question only to determine if the allegation is true or if I might have an ulterior motive behind filing this or any other complaint. If it is determined that the information was given under false pretenses, I understand that I will be subject to disciplinary action.

Employee Name

Date

Received by

Date