

REPORT OF DISCRIMINATION OR HARASSMENT

Employee Name: \_\_\_\_\_ Date of Report: \_\_\_\_\_

Employee Position: \_\_\_\_\_

Date of Alleged Harassment: \_\_\_\_\_

Location of Alleged Harassment: \_\_\_\_\_

Name of Alleged Harasser: \_\_\_\_\_

Position: \_\_\_\_\_

Department or School: \_\_\_\_\_

Description of the Incident(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Names of Witness, if any: \_\_\_\_\_

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\_\_\_\_\_  
Signature