Flint Public Library
Harassment Complaint Form

Name: ___________________________        Date: ______________________

Address: ___________________________        Phone: ______________________

Who was responsible for the harassment? ___________________________

Were others involved with the harassment? If so, who were they? Describe their involvement?

Date/Time/Place of the harassment? ___________________________

Describe the incident and type of harassment:

____________________________________________________________________

____________________________________________________________________

List any witnesses to the harassment:

____________________________________________________________________

____________________________________________________________________

Describe any subsequent incidents:

____________________________________________________________________

____________________________________________________________________

Any other pertinent information?

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

Signature: ___________________________        Date: ______________________
Administrative Follow-up Form--Harassment

Date of Investigation: ________________________________________________________________

What action was taken? ______________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Date (s) of follow-up conference (s)________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Results of the conference (s)______________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Date of Final Report: ______________________________________________________________

Date Copy of Report sent to Employee: ______________________________________________

______________________________________________________________________________

Signature of Director

______________________________________________________________________________

Signature of Employee