



HARASSMENT REPORT FORM

The Archdiocese and its Affiliates (defined as any entity that is subject to the administrative authority of the Archbishop of Cincinnati under Canon Law) maintain a firm policy prohibiting all forms of discrimination and harassment in the workplace. All persons are to be treated with respect and dignity. Any such discrimination or harassment will not be tolerated under any circumstances. This form is for employees to report any alleged discrimination or harassment.

Please check the appropriate box:

Sexual Harassment

Other Personal Harassment

Complainant's Name: _____

Home Address: _____

Work Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Date of Alleged Incident(s): _____

Name of person(s) you believe harassed you: _____

Where did the incident(s) occur?

List any witnesses that were present:

Describe the incident(s) as clearly as possible, including such things as: what force, if any was used; any verbal statements (i.e., threats, requests, demands, etc.); what, if any, physical contact was involved; whether you have discussed the situation with the individual. (Attach additional pages if necessary.)

The complaint is being filed based on my honest belief that _____ has harassed me. I hereby certify that the information I have provided in this complaint is true, correct and complete to the best of my knowledge and belief.

Complainant Signature

Date

Received by

Date

RETURN COMPLETED FORM TO DIRECTOR OF HUMAN RESOURCES OR APPROPRIATE ADMINISTRATOR

