MSUM General Harassment Complaint Form

Name of Employee: _____ **Phone Number:** _____

Position: _____

Name of Alleged Harasser: _____ **Department:** _____

Location of Incident(s):	Date of Incident(s):

Detailed Description of Complaint: (Use Back Side if Limited by Space)

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Have you filed a claim against this person before? **Yes** ☐ **No** ☐

Signature: _____ **Date:** _____

To: Immediate Supervisor