

Information Form for Sexual Harassment Complaint
Jacksonville State University

Date of Report : _____

Name of Complainant: _____

Status: _____ Staff _____ Student _____ Faculty

Campus Address: _____

Campus Phone Number: _____

Name of Individual Against Whom Complaint is Made: _____

Campus Address: _____

Campus Phone Number: _____

Date of Incident: _____ Location of Incident: _____

SUMMARY OF INCIDENT: _____

(Use back of form if additional space is needed)

Name of Person Hearing Complaint: _____

Campus Address: _____

Campus Phone Number : _____

As stated in the University's Sexual Harassment Policy, II B., all formal complaints must include a written account of the alleged incident, a copy of which will be forwarded to the accused. If the above summary constitutes the complainant's written account for pursuing the formal complaint, the complainant must sign this form.

(Signature of Complainant) (Date)

DISPOSITION

Mandatory Notification to Human Resources _____ (Date)

Referred to Human Resources _____ (Date)

Notification of Accused _____ (Date)

Referred to _____ for further action on _____ (Date)

ATTACH RESOLUTION OF COMPLAINT

SEND COPIES OF COMPLAINT, INVESTIGATION, AND RESOLUTION
THROUGH ADMINISTRATIVE CHAIN TO HUMAN RESOURCES