



### HEFOR14 Sexual Assault Harassment Complaint Form

To be filled by the Complainant, in the presence of the Student Welfare Officer or Human Resources staff member.

Complainant Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Department: \_\_\_\_\_

Supervisor/Manager: \_\_\_\_\_

Name of Accused: \_\_\_\_\_

Relationship (if any) to the Accused: \_\_\_\_\_

Date/Time of Incident: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Describe the Incident: \_\_\_\_\_

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Name of Witnesses (if any): \_\_\_\_\_

Have similar incidents occurred in the past?: \_\_\_\_\_

What was the nature of the past incident(s)?: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

