HAXTON MEMORIAL PUBLIC LIBRARY

Harassment Complaint Form

If you believe that you have been subjected to sexual harassment, you are encouraged to complete this form and submit it to the Library Manager or the President of the Board of Trustees (see back of this form). You will not be retaliated against for filing a complaint.

COMPLAINANT INFORMATION:

Name:	Employee	D Patron	□ Other
Address:			
Email:	Phone:		

COMPLAINT DETAILS:

Your complaint about sexual harassment is made about:	Relationship to you?		
Name:	□ Supervisor □ Subordinate □ Co-worker □ Trustee □ Patron □ Other		
Title:			
Email:	Phone:		
Date(s) sexual harassment occurred?	Is the sexual harassment continuing?		
	TYes No		
Have you previously complained or provided information (verbal or written) about related incidents?			
If yes, when and to whom did you complain or provide information?			
Please list the name and contact information for any witnesses or individuals who may have information pertaining to your complaint.			

On the back page, please describe what happened and how it is affecting you and your work. Please use additional paper if necessary and attach any relevant documents or evidence.

COMPLAINT DETAILS (continued):

Please describe what happened and how it is affecting you and your work. Please use additional sheets of paper if necessary and attach any relevant documents or evidence.

*** By signing below, I affirm that, to the best of my knowledge, the provided information is true and accurate.

Date

Signature

*** Submit your completed form to the Library Manager in person at the library or via email at <u>haxmemlib@gmail.com</u> or to the President of the Library Board of Trustees via email at <u>cdalba.haxton@gmail.com</u>.