

WORKPLACE HARASSMENT COMPLAINT FORM

Please complete this form to the best of your ability so that **Clark Atlanta University** can thoroughly investigate complaints of workplace incidents and harassment. Attach additional sheets as needed.

Complaint Submitted to: <i>Please check one or both, if applicable</i>	
<input type="checkbox"/> Office of the General Counsel	
<input type="checkbox"/> Office of the Human Resources	

Form Initially Completed by: <i>Please check one</i>	
<input type="checkbox"/> Complainant	
<input type="checkbox"/> Note Taker* (Name: _____ Date: _____)	

* Complainant must review and have an opportunity to review, amend and edit form prior to form submission or commencement of an investigation.

			Complaint Date:
Name – Last	Name – First	Name – Middle	
Date of Hire	Email Address	Best Contact Number:	
Department/School	Current Job Title(s)		
Individual(s) who engaged in conduct you believe violates the Company's policy against harassment:		Relationship to Complainant (e.g., supervisor, peer, etc.)	
1.			
2.			
3.			

1. Describe the nature of your complaint. Include dates, time of day, locations where alleged conduct took place, names of any witnesses, and as much detail as possible:

2. Identify all employees or others who may have knowledge of the conduct about which you are complaining, and please describe how these persons became aware of this conduct:

3. Are there documents (e.g., photographs, e-mails, text messages, memoranda, video, audio tapes, etc.) that contain information supporting the occurrences described above? If yes, please describe and attach a copy to this form.

4. If the complained-of conduct has affected your ability to perform your job, please describe how.

5. How do you believe this situation should be resolved?

6. Have you previously complained about this alleged conduct or related conduct to a company employee, supervisor, or official? If so, please identify (a) the individual to whom you complained, (b) the date of the

complaint, (c) the specific allegations of your previous complaint, and (d) the resolution of your previous complaint. Please attach copies of any documents, etc., related to the previous complaint, its investigation, and resolution.

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7. Is there any other information related to your complaint? If yes, please describe, and if possible, attach to this form or send to hr@cau.edu.

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8. What is the desired outcome of your submitting this complaint?

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ACKNOWLEDGMENT

To investigate your complaint, the University will need to follow up with you, with the persons alleged to have engaged in misconduct and any witness(es) with knowledge of your complaint. The University will do its best to discuss this only with those persons with a need to know and will take action to address any substantiated acts of harassment, discrimination, or retaliation up to and including, termination of employment.

By completing and submitting this form, I hereby acknowledge that the information provided in this complaint is true and correct to the best of my knowledge. I also acknowledge that I have been advised that Clark Atlanta University will not retaliate against me or any witness for participating in any good-faith complaint, and that any acts of retaliation should be promptly reported to y supervisor or, if the supervisor is the subject of my complaint, to Human Resources.

Signature	Date
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Please check this box and sign below if the form was first completed by a third-party note taker:

I hereby acknowledge that I have reviewed the contents of the complaint form, as originally provided to me by a third-party note-taker, I have had an opportunity to correct, amend or supplement the contents of this form, and, as a result of my review and edits to this form, the information provided in this complaint is true and correct to the best of my knowledge.

Signature	Date
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