

Appendix Number 54

SEXUAL/GENDER HARASSMENT COMPLAINT FORM

1. Employee Filing Complaint: _____
2. Alleged Victim of Harassment: _____
3. Name of Offending Employee: _____
4. Offensive behavior the offending employee engaged in and why it constitutes Sexual/Gender Harassment: (Please give specific details of what happened and submit any evidence that support the claim of sexual/gender harassment. Attach additional sheets if needed.)

5. Please check the boxes of all the types and levels of Sexual/Gender Harassment engaged in by the offending employee: (See Section V: Sexual/Gender Harassment of the Personnel Policies and Procedures Manual for definitions)

Two major categories or types of sexual/gender harassment are:
☐ Creating a hostile or unwelcome work environment.
☐ Quid Pro Quo, or the granting or conditioning of tangible job benefits for the granting of sexual favors.

Four levels of sexual/gender harassment include:
☐ Level One: Gender Role Stereotyping
☐ Level Two: Gender Harassment/Discrimination
☐ Level Three: Specific Group or Individual Harassment
☐ Level Four: Criminal Touching or Assault
6. Frequency of the offensive behavior engaged in by the offending employee (Attach additional sheets if needed.):

7. Requested Resolution (Attach additional sheets if needed.):

By signing and submitting this form, I acknowledge that City staff will disclose this information to those that need to know, including the individual implicated with the basis of the complaint as per Section V: Sexual/Gender Harassment item 5 Disclosure and Confidentiality.

Employee's Signature

Date Filed

Supervisor's Signature

Date Received

Notes: