**OSC Complaint Form for**

**Reporting Sexual Harassment**

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| **SECTION I: Complainant Contact Information** | | | | |
| Name: | | | | |
| Address: | | | | Apt #: |
| City: | | State: | | Zip: |
| (W) Telephone #: | (H) Telephone #: | | (C) Telephone #: | |
| Title: | | | OSC Division: | |
| Bureau: | | Supervisor: | | |
| Worksite: | | | | |
| Relationship to Subject of Complaint: (e.g., co-worker, supervisor, etc.): | | | | |

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| **SECTION II: Complaint Details** | | | |
| I am filing a complaint against the following individual(s) whom I believe has engaged in sexual harassment against me: | | | |
| Name: | | Title: | |
| Division: | Bureau: | | Work Phone: |
| Work Address: | | | |
|  | | | |
| Name: | | Title: | |
| Division: | Bureau: | | Work Phone: |
| Work Address: | | | |
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| **SECTION III: Date(s) Alleged Discriminatory Act Occurred** | | | |
| / /  Month Day Year | / /  Month Day Year | / /  Month Day Year | / /  Month Day Year |

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| **SECTION IV: Basis of Complaint** |
| Please describe each act of alleged sexual harassment that you experienced and how it is affecting you and your work. Please include dates and locations of the incidents. Please use additional sheets of paper if necessary and attach any relevant documents or evidence. |

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| **SECTION V: Witnesses** | |
| Please list the name and contact information of any witnesses who may have observed or overheard any of the incidents you described above. | |
| Name: | Job Title: |
| Telephone number: - - | Relationship to me: |
| What do you believe this person witnessed? | |
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| Name: | Job Title: |
| Telephone number: - - | Relationship to me: |
| What do you believe this person witnessed? | |
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| **SECTION VI: Remedy Sought** |
| Please explain what you would like to happen as a result of this complaint (e.g., an apology, your job back, an end to the sexual harassment, etc.): |

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| **SECTION VII: Additional Details** |
| Have you tried to informally resolve the matter about which you are filing this complaint? Yes *or* No If yes, please complete the following questions. |
| How did you attempt to resolve the matter? |
| To whom did you report your complaint and when?  Name: Date: |
| What happened after you informally reported your complaint (e.g., received an apology; conduct stopped; conduct got worse; nothing; etc.)? |

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| **SECTION VIII: Complaint Authorization** | |
| I certify that I have read (or have had read to me) the information contained in the foregoing complaint and know the contents of this complaint; and that the foregoing is true and correct, based on my current knowledge, information, and belief. | |
| Print Complainant’s Full Legal Name | Complainant’s Signature |
| Date: | |