



St. Landry Parish Government HARASSMENT COMPLAINT FORM

Name of Complainant: _____ Today's Date: _____

Department: _____

Phone Number: _____

E-Mail: _____

Name of the Accused: _____

Department: _____

Relationship of the Accused to the Complainant (manager, co worker, client, etc): _____

Phone Number: _____

E-Mail: _____

Date of Incident: _____

(if more than one event, please report each event on a separate form)

Where did the specific event occur? _____

Please explain the events that occurred.

How did you react to the situation? Did you take any action to stop perceived inappropriate behavior?

Describe the harm you have suffered as a result of the event.

Were there any witnesses to this specific event? (If yes, please provide their names)

Is there any physical evidence that supports your complaint? If so, please describe or attach copy of evidence.

What is your desired outcome of the investigation?

The information provided in this complaint is true and correct to the best of my knowledge. I am willing to cooperate fully in the investigation of my complaint and provide whatever evidence St. Landry Parish Government deems relevant.

Signature _____ Date: _____