

# CODE OF CONDUCT AND/OR ANTI-DISCRIMINATION- ANTI-HARASSMENT POLICY

## COMPLAINT FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

I hereby request to file a complaint under the Code of Conduct and/or the Anti-Harassment-Anti-Discrimination Policy about the following event(s):

Briefly describe what occurred that is causing you to file this complaint (if you need more space, attach an additional sheet of paper):

Date of the event(s) described above: \_\_\_\_\_

Location of the event(s) described above: \_\_\_\_\_

Name or description of the person(s) whom you are complaining about: \_\_\_\_\_

Other persons who witnessed the event(s) or could provide information about the complaint: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_