
WORKPLACE HARASSMENT COMPLAINT FORM

EMPLOYER NOTES:

It is recommended that employers designate a trained investigator or Human Resources manager to investigate complaints of harassment. Investigations necessitate advance planning and proper training. Investigations, including interviews, should be done in person whenever possible, and it is advisable to consult with legal counsel early in the process. As a result, certain communications relating to an investigation may be subject to the attorney-client privilege.

While it is preferable to take complaints from employees through face-to-face meetings so that the company representative can ask follow-up questions, gauge the demeanor of the employee, document the exchange, and discuss the process and next steps, there may be instances where it is simply not possible to do so. In such cases, this sample form may assist your company in gathering information that will then need to be followed up by an in-person meeting or by phone. Please note, using a form is no substitute for conducting a thoughtful and thorough investigation.

As with all sample forms available from The Ohio Manufacturers' Association, this does not constitute legal advice. Please consult with your legal counsel.

In October 2023, the federal Equal Employment Opportunity Commission published Proposed Enforcement Guidance on Harassment in the Workplace. The proposed guidance is available [here](#). This proposed guidance was still in a notice-and-comment period as of the date of publication of this OMA publication. Please consult with legal counsel as to what effect this guidance may have on your investigations of employee complaints of workplace harassment.

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(Please Print)

As discussed more fully in its Harassment Policy, [EMPLOYER], is committed to providing a work environment that is free of discrimination and harassment. If you believe that you have experienced or have observed inappropriate workplace behavior, please fill out this form and return it to your supervisor and/or the Human Resources Department. Attach additional sheets as needed.

Please complete this form to the best of your ability so that [EMPLOYER] can thoroughly investigate complaints and resolve issues. Of course, you are welcome to contact [EMPLOYER REPRESENTATIVE] by phone to provide any relevant information.

		Today's Date
Name-Last	First	Middle
Department	Job Title	
Individual(s) who engaged in conduct you believe violates the Company's policy against harassment: 1.		
2.		
3.		

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:

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:

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.

Is there any other information that supports your complaint? If yes, please describe, and if possible, attach to this form.

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

How do you believe this situation should be resolved?

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.

ACKNOWLEDGMENT

To investigate your complaint, the Company 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 company 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 or discrimination, up to and including, termination of employment.

By completing this form, you hereby acknowledge that the information provided in this complaint is true and correct to the best of your knowledge. Please also be advised that [EMPLOYER] will not retaliate against you or any witness for participating in any good-faith complaint. Any acts of retaliation should be promptly reported to your supervisor or to [EMPLOYER'S DESIGNEE].

Signature

Date