

Highland Township	Procedure No.
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**HARASSMENT AND DISCRIMINATION
COMPLAINT FORM**

Date: _____

Name: _____

Job title: _____

Location of incident(s): _____

Name of person against whom complaint is made: _____

Job title: _____

List policy section(s) violated by accused individual (attach additional pages if necessary):

What is your complaint? (attach additional pages if necessary): _____

Can you describe any specific incidents that show that you were discriminated against or harassed? If yes, please describe exactly what occurred, when it happened, and who observed or heard it happen (attach additional pages if necessary):

Please read the above carefully. Does it describe your complaint fully?

Yes, this describes my complaint fully and accurately.

This is accurate, but I would like to add the following (attach additional pages if necessary):

Date

Signature

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**ACKNOWLEDGMENT OF RECEIPT AND REVIEW OF
HARASSMENT AND DISCRIMINATION POLICY**

By executing this document, I acknowledge that I have received and read a copy of the Highland Township's Policy Prohibiting Harassment and Discrimination. I understand this Policy and agree to abide by it.

Dated: _____

Employee Signature

Employee Name (print)

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Employee Name (print)