TO: ___________________________________________    DATE:  _______________

The following portion of this report is to be completed by the employee or student. Describe in detail all pertinent facts related to your complaint. Attach additional sheets if more space is needed. Please include who was involved or witnessed the incident, what happened, where it happened and when the incident occurred.

COMPLAINT:  __________________________________________________________
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______________________________
Employee’s Signature

The following portion of this report is to be completed by the investigator. Attach additional sheets if more space is needed.

RESOLUTION:  _________________________________________________________
________________________________________________________________________
________________________________________________________________________
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________________________________________________________________________

__________________________   ______________________________
Date       Signature

Original to Human Resources department