Harassment Complaint Form Boone County, Iowa

| Complainant: | | | | |
|---|--|-------------------------|------------------------|-----------------------------|
| Address: | Ph | none: | | |
| Date(s) and time(s) of alleged incident | dent(s): | | | |
| Name of person(s) you believe ha | rassed you or another p | erson: | | |
| If the alleged harassment was tow | rard another person, ide | entify that person: | | |
| Describe the incident(s) as clearly requests, demands, etc.), also incladditional pages and documentation | ude details of any physi on as necessary. | cal contact involved o | r social media posts m | nade. Attach |
| Where did the incident occur? | | | | |
| List any witnesses who were prese | ent: | | | |
| Was your supervisor notified of al | leged harassment? Sup | ervisors name(s): | | |
| If supervisor is the alleged, did you | u report to anyone else | ? If so, who? | | |
| How did you or the person harass | ed (if not you) react to t | the harassment? | | |
| This complaint is based upon my has or another person. I hereby complete to the best of my knowl | rtify that the information | on I have provided in t | his complaint is true, | has harassed correct and |
| Complainants signature | | Date | | |
| Received by | | Date | | |