

Town of Inlet Public Library Harassment Complaint Form

Individuals who believe they have been subjected to harassment, are encouraged to complete this form and submit it to their immediate supervisor; or, if the complaint involves the immediate supervisor, to the next level supervisor; or to a member of the Town of Inlet Public Library (hereinafter "Library") Board of Trustees.

Individuals who are more comfortable making a report of harassment verbally or in some other manner, should report the harassment to their immediate supervisor; or, if the complaint involves the immediate supervisor, to the next level supervisor; or to a member of the Library Board of Trustees. In such cases, the person receiving the report will complete a Complaint Form on behalf of the complainant, making note of this on the Complaint Form. A copy of the Complaint Form so completed will be provided to the complainant.

No retaliation will occur as a result of submission of a complaint.

COMPLAINANT INFORMATION

Name:

Job/Volunteer Title:

Address:

Phone:

Email:

Preferred communication method (check1): Email Phone In Person

SUPERVISORY INFORMATION

Immediate Supervisor's Name (if any):

Title:

COMPLAINT INFORMATION

This complaint of harassment is made about:

Name:

Job/Volunteer Title:

Relationship to you (check 1): Supervisor Co-Worker/Volunteer

Other (Describe _____)

Describe what happened and how it is affecting you and your work. Use additional sheets of paper if necessary to provide as much detail as possible. Attach any relevant documents or evidence.

Date(s) Harassment occurred:

List the names and contact information of any witnesses or individuals who may have information related to your complaint:

This last question is optional but may help the investigators of your complaint:

Have you previously complained or provided information (verbal or written) about related incidents?

(Check 1) Yes No

If yes, when and to whom did you complain or provide information?

Name:

Title:

Contact information, if available (address, phone, email):

If you have retained legal counsel and wish them to act on your behalf as this complaint is processed, please provide their name and contact information.

Name:

Address:

Phone:

Email:

Signature of Complainant _____

Date _____

Adopted _____