Mott Community College

Sexual Harassment & Other Unlawful Harassment Complaint Form

(Please use this form to report incidents of unlawful harassment to the Office of Human Resources.)

Name: _____ Date of Incident: _____

Job Title (if applicable): _____

Department: _____ Supervisor: _____

Statement of what happened *(Include as many details as possible and use back of form if necessary):*

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Names of people who witnessed the incident or who may have knowledge of the incident:

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_____ _____

Signature *Date*