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:
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

Signature ___________________________ Date ___________________________